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MODERN MEDICAL JOURNALISM.

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BY

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THE opening sentences of a presidential address are, according to general and praiseworthy custom, devoted to expressions of thankful appreciation of the honour conferred and of gentle depreciation of the worthiness of the speaker. I desire to adhere to this good rule. I shall not dwell upon my unworthiness: it is not easy to be sincere about one's own failings. But the expression of pride in the honour may well be, and herewith is, fully outspoken. I am conscious of, and proud of, the dignity; and I trust that I shall not forget the responsibility as well. For in our Society, as elsewhere in our profession, ease does not come with dignity and honour, but rather increase of labour. I willingly and gladly accept the one with the other.

When a man so young as myself is elected to the most honourable office in your gift, it means either that some work

has to be done of which you think he is capable, or that some reward is to be made which you think he has deserved; or, possibly, both causes exist. I take it that both causes do exist. The reward is for my editorship of our *Journal;* the work to be done relates to our Library. The one is, in a sense, the completion and fruition of the other; and, as I was present at the birth of the *Journal*, and had the sole responsibility of its early upbringing, perhaps it is fitting that I should continue to help forward the vigorous efforts of its adolescence. I do more than care for the success of the Library; my heart and soul are in it. I am, indeed, committed to it; for when the *Journal* began to earn money, and there was a likelihood of our generous committee distributing it too liberally to charities, I pleaded for the hoarding of it—that we might buy books and found a Library. These small hoardings accumulated, and they made possible, almost practicable, the existence of a Medical Library in our midst. The Medical School, the natural centre of our profession in this as in every other city which possesses a school, provides the admirable home for our Library where we are now met, and will at the same time make substantial additions in funds and in books. The valuable and extensive Infirmary Library will be placed on our shelves; the Hospital will lend its books; and it is an open secret that we may look forward to a valuable gift from a neighbouring institution. Associations, societies, and private individuals have generously added to our stores, and, we earnestly hope, will continue to do so. With some 10,000 volumes either on the shelves or very soon to be there, and some 90 current periodicals on the tables, we may fairly claim to have made a good start towards having a Medical Library worthy of our centre and of ourselves. But the work is little more than started. We have secured the grand fact of having all the smaller collections gathered into one large collection; we have provided for every medical man and for every medical student the freest possible access to our literature. We trust that this hall will be in the future the centre of our intellectual life in the West; and we hope that this life will derive a new strength and a higher value from nourishment on the pabulum collected within its walls.

And now I am going to talk to you for a little while on a subject which is germane to the motives which I believe have induced you to place me here; namely, "Modern Medical Journalism." Further reasons for my selection of subject are: that I have had something to do with medical journalism; that I have done with it; and that I have certain views about it which I should like you to hear and, if possible, to share.

Modern Journalism has certain characteristics which are peculiar to our age and time. This is the age of the reporter, not of the scholar. The material of literature is news, not thought; gossip, not work. The chatter of the newsmonger pushes aside the matured thought of the man of letters. We are deluged with a shallow flood of literature, and we are so occupied in paddling about in its smooth and tepid pools that we scarcely care to try our strength in the rougher and colder waters of deep thinking.

This is also the age of advertisement. The desire of the writer is rather to be widely read than to write well. The unavowed aim of the writer is the avowed aim of the journal —a wide circulation. And the purpose of this wideness of circulation is, not that knowledge may be diffused, but that advertisements may be caught—and money. Unknown men write to advertise themselves; known men are induced to write to advertise the journal. The chief end of journalism is to catch advertisements; the trail of the advertiser is over all.

Now, the population of these islands being, on good authority, mostly fools, the editor who hopes to secure the largest number of readers—the widest circulation—must cater accordingly. And so the successful editor does. The writing is not up to the highest intelligence, but down to the meanest capacity. The levelling is down—down to the dead level of the School Board. Free education, wide circulation, and cheapness—cheapness in every sense—go well together. They are the Fates—I had almost said the Furies—of Modern Journalism.

And now the advertiser is turning on us. He is already the mainstay of the press; naturally he seeks to become the arbiter of letters. It is openly stated that he now dictates to the editor

what authors shall write for his paper. If a story by a certain popular author is not in the magazine, so increasing its circulation, the advertiser will withdraw his advertisement. It is whispered even that the review of a book or a report on manufactures may vary directly as the square of the inches occupied in advertising them. This is a sad fact for literature; but it is a fact, and we must face it. I confess that I should like to fight it.

Now, is there anything of this sort in Modern Medical Journalism? I should like to put to the modern medical editor one test question, and let his answer decide. I should ask: "Which would you consider the better copy for your journal—the clever gossip of a keen reporter hanging around the death-bed of an emperor, or the most scientific paper ever written on cancer of the larynx?" I know what his answer would be, and so do you.

There are sundry difficulties which meet the best-intentioned editor which he cannot remove, and which he must accept. One of these, I grieve to say, relates to the deficient literary education of the average medical man. For some mysterious reason the art and science of logic is not expected to be known by medical men. It is not known, and their writings show it. The arts of rhetoric and composition also are ignored; even the humdrum rules of grammar are in abeyance. How much of the editor's function is the humble one of correcting a school exercise in grammar and composition the editor only knows. It is certainly much more than it ought to be, and much more than it need be, if those who guard the portals of medical education were to give some heed to the outcry of those who practise their profession and teach it.

This, then, to begin with. We must accept the fact that, with a few, a very few, and sometimes brilliant exceptions, the literature of medicine at the present day is, as pure literature, either indifferent or positively bad. Scarcely a single issue of a journal is without a paper from which a man educated in ordinary literary methods could not extract abundant examples of errors in logic, in rhetoric, in composition, and even in humble grammar.

Another fact which the editor must accept is the widespread ignorance of the history of medicine—recent and remote—which his contributors display. Such ignorance, betraying itself on every hand, lends colour to the views of certain cynics who hold that it is only by courtesy that our profession is called "learned"; that we are educated by rote, and not by thought; that the evolution of ideas has no interest for us; and that our classics being dead, may as well be buried. There is ignorance not only of classics, but even of class-books. It would truly seem as if knowledge in our profession began to decay after five years, and was buried and forgotten after ten. However this may be, it is certain that too many writers show a culpable ignorance of, or neglect of, the works of others in the fields they seek to cultivate.

From this condemnation I desire to exclude the literature of our American brethren. The country which has given to us the *Index Medicus* and the *Index Catalogue* of its splendid library is not likely to fail in knowledge of the history of medicine. A knowledge of the work of others that is nearly always honest and thorough is as common in the best American medical literature as it is rare in our English journals. The man who writes on his own experience and knowledge writes on a poor and narrow and shifty foundation. In science he is to be found only in medicine; and in scientific medicine he bears the prefix —in all its significations—British.

It used to be true that the weight of the printed word was greater than of the spoken. We have changed all that. News is news none the less that it is either folly or lies: perhaps it circulates all the better. In past times also the printing of a book cost much money. Necessity, then, if nothing else, made a man think much before printing his thoughts. The value that a man put on the products of his brains was testified to by the finish of the garb in which he clothed them. It would be easy to put before you a score of books printed from a half to a whole century ago, and say of each of them that, in respect of printing, paper, binding, and more especially of illustrations, we never see their like now. The artistic finish then sought after is now replaced by the blurred mimicries of the "process

block." And if we do borrow, as we frequently do, from the illustrations made by our predecessors, we treat them as time does their tombstones, by defacing their surfaces and roughening their lines; but not as time does, by making them venerable. What would a Cooper, or a Bell, or a Miller, or a Liston, or a Fergusson, be not justified in saying of the successive generations of book-makers who have borrowed their engravings and reproduced and defaced them?

And all that can be said in favour of our modern methods of illustration is that they are cheap. Certainly they are cheap.

And our journals! Look at those piles on our tables! Of the thousands and thousands of papers in them how many are worth preserving? how many are worth reading? how many are worth only cursing? The dew of knowledge! Medical knowledge is not a dew, but a deluge. It drowns rather than nourishes.

The man who earnestly and honestly seeks to keep abreast of real knowledge has to educate himself in a course of training in values whereby he finds out and knows the fool, and the drudge, and the bore, and the advertiser, and learns to avoid them. When he has done this, he finds that his labours are not so hard after all. It is, then, a mere turning over of thousands of leaves and a close reading of tens of pages. But it takes a long time, and greatly tries one's patience, to learn whom to avoid in medical literature.

And here our editors might help us. They might select for us. They might silence the chatterer and make the worker talk. You can scarcely put too cruel a gag on the garrulous. They are doubly mischievous, for not only do they waste the reading energies of their brethren, but they oust the work of men worth reading. It may be that the man who bustles about in the van of progress, seeming to do much but really doing nothing, like the Handy Andy of the circus, pleases the audience; and that may be why the editor supports him. But let us be careful lest the genuine actor in his dignity and pride, not caring to play to the gallery, and not asked to play to the stalls, wait outside altogether, or even retire to his tent and sulk.

The best men and the best workers are silent and retiring;

the editor must seek them out, and drag them out, and make them speak. This is no easy matter, as I can from experience testify. It is very hard to get our best men to write. One of my failures I specially deplore, for the man whom I tried to persuade is now, to the great loss of the West of England, no more with us. I refer to the late William Liddon, of Taunton. His last promise to write for our *Journal* was given me between three and five one beautiful morning when we were driving over the Quantocks. I scarcely knew which most to admire: his vivid appreciation and description of a lovely sunrise then going on, or his exquisitely clear, almost photographic, language in describing our case and others in his experience that bore on it. He promised to write for our *Journal:* he might have done it; he cannot now. It is a loss to our art that the work of such men as Liddon lives only in the memories of friends and patients. It would be a gain if our editors were to insist on its being kept alive.

An equally great blessing would be to find some editors who, in respect of certain well-recognised classes of papers, would insist on their entombment.

There is the paper of the pushing clinician. We are warned of its appearance by a leaderette, which informs us that "at 1.30 on the afternoon of Tuesday, at the South London Hospital, Mr. Hepaticus Brown removed both supra-renals for Addison's disease. We are promised full particulars for a future number." The anxiously-awaited particulars appear a month later as a paper "On Removal of the Supra-renals for Addison's Disease: a successful case, with a complete list of all other operations." Hereafter Mr. Hepaticus Brown poses as the leading authority on diseases of the supra-renals. This path to high repute is much affected: it is easy and broad, if it is not very straight.

Then there is the pushing scientist. We, his teachers and examiners, probably knew him as a gentle, plodding young man with a great capacity for note-taking. Now, with the help of a scholarship, asked for and granted, he has started hotly in pursuit of something called Research (spelt with a capital letter). He tells us *everything* he sees in the new path, and he sees

much that is wonderful. If such men could be made to hold their tongues until they had spent some years as hewers of wood and drawers of water in the workshops of our masters in Research, the world might be richer; it certainly would be none the poorer.

Then, once more, there is the pushing practitioner. His pride is puffed up and his reputation is increased by a systematic publication of all his wonderful cases. As we know, wonderful cases are found in greatest numbers by the youngest men in the smallest practices. Our pushing practitioner has not long left the schools; and he believes that science and art have stood still there since he left them. An editor who would give to such men the answer that the old lady gave to her pushing grandson when he sought to explain to her the philosophy of sucking eggs would be a gain to medical journalism.

And so on. It is weary work classifying the bores and the fools; and it would be wearier work crushing them. We are a polite people, we practitioners of medicine. Soothing the bodily pangs of suffering humanity seems to beget in us a sentimental horror of hurting the mental feelings of our worrying brethren. But let us not overdo it. Too much salaaming may make the spine too flexible; and we want backbone. To stand up squarely and strongly against all these abuses; to fight them and to crush them—who shall do it? It must be done if we seek to rise to higher levels. How are we to do it?

Here are our motives: to push aside the chatterer; to make the worker speak; to bring measures to the front, not men; to eschew all appearance of artificial advertisement, either for measures or for men; to let both measures and men rest on real merit; to speak the truth, and nothing but the truth, of men, of books, of papers, and of work; and throughout to have our purveyor of intellectual food like the high-class purveyor of material food, not only stand at the door and personally see that nothing inferior or unwholesome is distributed from his establishment, but also actively go out and seek for the best procurable pabulum for his customers. Such a man will not only stimulate the producer to surpass himself in invention;

he will also crush out the incompetent and the careless. He is greatly wanted in our literary world.

May we hope for a higher medical journalism in these islands? Shall we ever see a journal in which every page records good work by capable workers, and every sentiment bespeaks honest thought by vigorous minds? Or must it be our doom all our lives, seeking for the grain of wheat, to have to hunt through those heaps of journalistic chaff?

I expect no more than has been. I will speak only of my own department of practice—surgery,—and I will quote as an instance the *Transactions of the Royal Academy of Surgeons of Paris* as they appeared a hundred and more years ago. If all the societies, and all the associations, and all the colleges of all the English-speaking medical men (and women) in Europe, Asia, Africa, and America were at the end of the nineteenth century to give to the world a few such volumes as these few workers in France gave it at the end of the eighteenth century, I should be content. After a hundred years, with all our opportunities, we have seen no such work as this—so good, so abiding, so thorough. Why is this? Is it that the standard being lower the whole work suffers? The standard must be low when it is in effect the voice of the multitude, the behest of a "wide circulation." Are we, then, with our claims and our motives, to work down to this standard? or shall we not rather seek to create a higher standard—a standard with no upward limit, but with a very decided lower one? Shall we ask our brethren to raise their intellects to our literature; or shall we continue to make our literature easy for our brethren's brains?

Literature made easy is literature easily made. Journals are numerous, pages must be filled, and writing must be encouraged. On the same platform, with the same audience and for the same time, any one man may talk as long as any other. In order that he who runs may read, it would seem as if the writing were done running. All may write; all may speak; and all *must* read, and listen. Surely our medical Republic of Letters is the freest and openest of all. If Letters could keep wisdom alive, surely *we* are the people and wisdom will die with *us*.

The pursuit of the practical may sometimes be relieved by an indulgence in the pleasures of imagination. In this matter of medical journalism I have, I fear, been dreaming dreams. I have been imagining an Academy of British Medicine, whose Archives should contain all that is best of the work of the physicians and surgeons in Great and in Greater Britain; whose Transactions should go forth to the whole world stamped with the authority of our real leaders and masters. I have been thinking of a journal that despises circulation: amongst things that circulate this would be as gold to bronze, circulating less because it is worth more. Journals that deal not in advertisements we already have—all honour to them;—my imaginary journal should be one more such.

And so on our imagination leads us till we are pulled up by the suggestion of the wherewithal—cash. We must have gold. Whither may we look for it? We naturally think of our rich corporations and colleges and universities. Their coffers are not easily opened for purposes of extraction; for purposes of attraction, as we, when students, knew only too well, they open readily enough. The advancement of our sciences and arts ceases with our colleges when the student has paid his last fee; thereafter the student of science must be self-supporting. True, there are faint glimmerings of the dawn of brighter days for scientific research in medicine; not unreasonably may the handmaiden of research, Literature, look to her friends for oil to her lamps.

If our chartered friends refuse to help us, we might try to help ourselves.

The British Medical Association has some 17,000 members, who pay some £17,000 annually for its *Journal*. The *Journal* earns by its pages hired out for advertisements £15,000 a year. It is easy to infer how many pounds annually are at the disposal of the British Medical Association.

Now I am not going to suggest that the *British Medical Journal* be done away with. Far from it. I would encourage its growth on its own lines. Its leaders and leaderettes; its chronicles and cases, and lectures and news, and politics, and discussions on etiquette and rank and titles, and so forth, are all

charming and indispensable. It is our very own society journal. Let it continue, and we shall all continue to take it in, and tell our stories in it, and air our grievances in it. Let it circulate, that it may get advertisements and we may get the money. It is scarcely a case of letting "the jingling of the guinea help the hurt that honour feels." It would be an example of devoting some of the money earned in wholesome and useful trading to the promotion of the highest intellectual interests of our profession.

What a subsidy would £10,000 a year, or even half of it, be to a journal of medicine! Think on the talents that might be gathered round the editor's chair with that sum: the artists, the engravers, and the printers! The *Transactions of the Royal Academy of Medicine in Great Britain* published yearly, or the *Journal of British Medicine* published monthly, would appear in garb worthy of itself. At the editor's table would sit a jury of the ablest men in our profession, whose fiat as to acceptance or rejection of papers would be received by all ungrudgingly. To have his paper accepted would be to the writer the highest honour; to have it rejected might stimulate him to try again. All the best work would be bound to go to it; none indifferent or bad would be received. It would be the accepted medium through which all that is best in our British medical work would be gathered together and given out to us and to the world. It would be the rival of no other journal; it would start at once above and outside of all other journals. To read it, and it alone, would be enough to keep us abreast of all new knowledge that is true knowledge. For this it need not be large: a thousand imperial octavo pages would well hold all that is worth preserving in any year's work in practical medicine and surgery.

Am I to be met with the habitual query of our time: "Would such a journal pay?" It would not pay: it ought not to pay; certainly it ought to make no profit. It might not even be able to recompense its mechanical workers; here our association *Journal* might step in and help. It would seek for no profit, and it would bring profit to no man save in repute, and to no project save our art of healing. As the years roll on it

would become a treasure-house of knowledge, garnered ripe, and husbanded with loving care. The treasure in its coffers could not be bought, and could not be sold; the filth of minted lucre would never have touched it. By giving of our best to it, and by freely giving it away, we should be raising our art and enriching our brethren, and doing good to mankind.

Can we not erect such a treasure-house of knowledge for British Medicine? a place where our great men may pile up the rich products of their minds; a home for the noblest works of our native art; a museum whither those who follow us may turn, knowing that there is housed all the best craft of all the best craftsmen in medicine who are of our race. This would be our Æsculapian temple; built of thought, more durable than stone. Here the votive tablets on the walls would record only the victories of heroes over disease. There would be no space for the talk of the common people over patients; for we, who are above and independent of all mundane creeds and motives, know that one hero may raise us higher than ten millions of the common people. Let us give our heroes opportunity in their lives, and space in our temples. And before we place in the niches over the high altar the images of our true gods—the gods of Genius, and Labour, and Truth,—we shall have a burning in the market-place of the images of our false gods—the gods of Profit, and Chatter, and Puff.

I have said my short say as your president *ex cathedrâ*. I should like now, as your comrade and gossip, to take you by the lappets of your coats and whisper in your ears.

We, of the Bristol Medico-Chirurgical Society, have plenty of life in us: our life may almost be considered exuberant. To get the most good out of our vitality we must direct and control it, and perhaps even restrain it.

To our younger friends I should like to say these words: Give us your best and only your best. Speak only when you have something to say *of your own*; we care more for your spoken words than for the written words of any savants. Be loyal to us; fail not to tell us of any good thing that comes your way. And remember that in all art, the study from the life is the best.

To our older friends I should like to say: Come to us, listen to us, and speak to us. It stimulates and flatters youth to have age listen; it steadies enthusiasm to have experience criticise.

To all of us this further advice: Be brief. To this end you must diligently prepare your material; write it out; if you like, get it up by heart. Extempore talk, except in the rarest of cases, is liable to be at once diffuse and wanting in fulness. Fluent speech and concise truth rarely go together. Speak out your beliefs boldly and manfully. Make no effort to be learned or elaborate; but tell the truth as you feel it, simply, plainly, honestly, and with intelligence, and we, who are human as you are, will appreciate and understand it.

COMPRESSION OF THE UMBILICAL CORD DURING FORCEPS DELIVERY.

BY

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FIFTEEN years ago I read a paper on "The Effects of Forceps Delivery on the Infant" at the annual meeting of the British Medical Association, which took place in Bath in 1878. During the previous year Dr. Galabin had published in the *Obstetrical Journal* for December, 1877, a paper on "The Effects of a Frequent and Early Use of the Midwifery Forceps upon the Fœtal and Maternal Mortality." After bringing forward a mass of statistics which bore upon this subject, Dr. Galabin arrived at the conclusion that "it has not been shown that the majority, or any considerable proportion, of the still-births which now occur in Britain would be preventable by a more timely resort to forceps." In my own paper I arrived at a similar conclusion to this; and I brought forward in illustration several cases I had witnessed of injuries received during forceps delivery which had in some instances been fatal to the child,

and in others had produced rather serious, but fortunately not permanent, after-effects. Upon the subject to which I am now directing attention, I said: "The next four still-births out of the twenty-three are due to a cause of which I do not remember to have seen any notice by others: I mean *compression of the umbilical cord by the forceps*. In one of these the forehead presented to the left acetabulum. There were no particular signs of undue pressure on the head; but I observed when the child was born that the end of one blade of the forceps was compressing the cord (which happened to be round the child's neck) against the angle of the jaw. In another, the head had been much elongated by pressure; but I attributed death in this case also to the cord having been nipped between the edge of one blade and the jaw. In another, the same thing had happened, the head being but little altered in shape. In the fourth, the contour of the head was but little altered; but a loop of cord which had prolapsed, though not sufficiently to be previously detected, was found, as soon as the head was delivered, to be between the posterior blade of the forceps and the left frontal bone. Here then we have a source of danger to the child, arising simply from the use of the forceps, and which cannot be guarded against by any ordinary amount of skill. Nothing is more common than coiling of the cord round the child's neck, and it is a condition which cannot be recognised by ordinary vaginal examination before applying the forceps. If, therefore, one blade of the forceps should pass just an inch too far beyond the ear, it would be very likely to cause such an accident, especially if the head be so high that the ear cannot be felt, or present unfavourably, for instance with the forehead in the anterior semi-circle of the pelvis, or the head be much altered in shape and elongated by protracted labour." [1]

Up to that time I had met with 153 cases of forceps delivery in difficult labour; in 23 of these the child was either born dead or died shortly afterwards, making a death-rate of about 1 in $6\frac{2}{3}$. In four instances, as I had then recorded, death was caused by compression of the umbilical cord by the forceps, so

[1] *Brit. Med. Journ.*, 1878, vol. ii., p. 459.

that this peculiar cause of still-birth (which, as far as I know, had not then been recognised by British obstetric authorities) occurred to me as often as once in 38 cases and a fraction. There could be no doubt about it; for the birth of the child's head with the forceps *in situ* at once revealed this instrument as the direct cause of the infanticide. In order to ascertain whether my experience of forceps cases up to 1878 is confirmed by those I have recorded from that time up to the present, I may state that since 1878 I have attended 71 forceps cases with a death-rate of 12 infants, or, I should rather say, 10; for in one case (one of hydramnios) extensive desquamation of the cuticle showed that the child had been dead for several days; in the other, the child died soon after its birth from a very large exomphalos, accompanied with ectopia cordis. Thus we have 10 still-births in 71 cases, which is at the rate of 1 in $7\frac{1}{10}$ cases, or less than the death-rate of 1 in $6\frac{2}{3}$ recorded before 1878. Amongst the 10 still-births there were 2 in which death was clearly due to pressure of the forceps on the cord, which was coiled round its neck—once in one case and twice in the other. On comparing the two lists of cases—viz., those before 1878 and those which occurred subsequently up to the present time,—I find that the latter show a more favourable infant death-rate from forceps delivery than the former; for in the former it was at the rate of 1 in $6\frac{2}{3}$ cases, and in the latter of 1 in $7\frac{1}{10}$, both of which are better than 17 per cent. which Dr. Spiegelberg estimates to be the ordinary fœtal mortality from forceps delivery. In the first list of 153 cases, the death of the infant was in four instances clearly due to pressure by the forceps on the umbilical cord, and in the second list of 71 cases in two instances; the frequency of infant death from this cause being in the former at the rate of 1 death in 38 and a fraction, and in the latter of 1 in $35\frac{1}{2}$. The result of my statistics is, that in a total of 224 forceps cases I have noted the deaths of 6 infants from cord pressure—*i.e.* 1 in $37\frac{1}{2}$ cases; and the general result of my forceps experience since 1878 is, that I see no reason to alter the opinion which I expressed at that time.

The reading of my paper at Bath was followed by some

discussion. In the course of it Dr. McClintock, the president in the Obstetrical Section, made the general remark that he considered that "more children had been saved by the early use of the forceps than destroyed." He did not, however, bring forward any facts or statistics in proof of this view. The same may be said of the remarks which fell from other speakers. The fact is, that just at that time the forceps was in high favour in every part of the United Kingdom, and especially in Dublin, in consequence of the excellent results as regards the mother, which had lately followed its more frequent and early use. Owing to this feeling accoucheurs were then, I think, too much disposed to take a *couleur de rose* view of the effects of this instrument, particularly upon the child. Although the much-increased and more skilful use of the long forceps, especially in England of late years, has led to the saving the lives of infants that would formerly have been destroyed by craniotomy, yet this is, I think, barely a set-off against the death of 1 infant in 37 cases which I have shown by my own experience to be the result of unavoidable pressure by the forceps on the umbilical cord, and which, of course, increases *pari passu* with the more frequent use of the forceps. In 1878 I was astonished to find no notice of this cause of infantile death in the standard obstetric works; and since then it has not, I think, received the attention its importance deserves. For instance, in Spiegelberg's excellent text-book of Midwifery, which was translated and published by the New Sydenham Society in 1888, the only reference I can find to this accident occurs in the following passage: "The compression of the skull which accompanies even the easiest forceps operations is apt to be fatal to the child, quite apart from the risk of the point of the blade causing death by *pressing on the cord which is coiled round the neck*, or on the larynx or cervical blood-vessels of the child. These facts explain how it is that the mortality of the children is comparatively high (17 per cent.), even with the simplest forceps operations." [1] With this last remark I entirely agree, and also with Dr. Galabin's conclusion quoted at the beginning of this paper.

[1] Vol. ii., p. 566.

A CASE OF DOUBLE EMPYEMA.

BY

WILLIAM JOHNSTONE FYFFE, B.A., M.D. Dub.

CASES of bilateral pleurisy followed by empyema are not of very frequent occurrence. I have found records of a few cases, but they have been principally among persons of from 40 to 60 years of age, and some of them appear to have been of pyæmic or tubercular origin. Fraentzel, in his article on "Diseases of the Pleura" in Ziemssen's *Cyclopædia*, states that the extension of the inflammation from the pleura primarily attacked to the unaffected side is as a rule only observed when the former is the seat of tuberculosis. Hence, he says, we may establish with tolerable certainty the diagnostic fact, which is based on experience, that when pleuritis appears simultaneously on both sides, it is commonly of tubercular nature. As, however, tubercular pleuritis seldom appears as a primary affection, the extension of the disease from one pleura to the other in primary *non*-tubercular pleuritis is of very rare occurrence. It appears to me, therefore, that a case of non-tubercular double pleurisy occurring in a healthy boy, complicated with pneumonia of the left lung, followed by empyema on both sides of the chest, and ending in complete recovery after evacuating the abscesses by operation and drainage, is one of sufficient interest to place on record.

H. S., aged 17, a Clifton College boy and member of the South Town House, had an ordinary catarrhal cold about the 18th February last. On the 21st I was called to see him, and found him very flushed, breathing about 30 times in the minute, with a pulse of 100 and a temperature of 103°. On examination I found dulness on percussion at the base of the right lung. The dulness was marked but not absolute. There was coarse crepitation extending up to the angle of the scapula. There was pain on this side extending round to the front of the chest, but the respiratory sounds in the anterior part of the lung were

healthy; he could lie on either side, but the *decubitus* was mainly on the left. I diagnosed the case as one of pleuro-pneumonia, and treated it by external applications, poulticing, and regular feeding with fluid food. Except to ensure free action of the bowels, very little medicine, except an occasional dose of phenacetin, was given.

The symptoms during the first week were not of a very acute character, but at the end of that week the patient became more oppressed, and it was evident that no resolution of the inflammation was taking place. The left lung at this time remained intact. He continued much in the same condition till about the 4th March, when I found that the inflammation had attacked the other side of the chest. There was severe pain in the left side and back, and distinct friction-sound. There was dulness on percussion over a space of a hand's-breadth at this point, and immediately above this and close to the angle of the left scapula there was a distinct patch of pneumonia, circumscribed, and occupying the centre of the posterior part of the left lung. In the right lung, which was first attacked, the signs of inflammation of the pleura were less severe, but at the same time undoubted. There was no displacement of the heart. The general symptoms, however, had become aggravated, and the pulse-rate and number of respirations had increased.

At the end of the third week there was a decided increase in all the physical signs, and there was no question that fluid of some kind was present in both pleuræ; and the time had come when some definite action must be taken for the patient's relief. Moreover, an irritative and constant cough had set in, accompanied with purulent expectoration, and there were severe night perspirations and great emaciation. There was evidently a communication between the empyema and the right bronchus.

On March 13th, after consultation with Dr. E. Long Fox and Dr. James Swain, who had taken charge of the case during my absence for a week, it was decided to make an exploratory puncture in the left side in the ninth interspace. This was done at once by Dr. Swain, and the syringe was filled with a sero-purulent fluid. We therefore concluded to open the chest the same day at the

point where the puncture had been made. Chloroform was most carefully administered by Mr. Dacre, and the chest was freely incised by Dr. Swain in the ninth interspace. The patient bore the anæsthetic very well, and there was no subsequent sickness.

Dr. James Swain has kindly supplied me with the following notes:—

"March 13th. It was thought best to open the left side of the chest, which was universally deficient in resonance. A small area below and to the inside of the angle of the left scapula was found to be absolutely dull. After the administration of a small amount of chloroform an incision was made at the ninth intercostal space, about three inches to the left of the spinal column. Pus was evacuated from a cavity about as large as the closed fist, and surrounded by adhesions of recent lymph, glueing the visceral and parietal layers of the pleura together. An empyema tube was placed in the wound, covered with a valve of gutta-percha tissue and dressed with wood-wool wadding.

"On the 15th the abscess in the right pleural cavity was opened in a similar manner. From this cavity there escaped about 10 or 12 ounces of pus, and the tube was placed in the eighth intercostal space, just below and in front of the angle of the right scapula.

"The cavity on the right side became septic owing to the communication which, previous to the operation, had taken place with the right bronchus; but the slight elevation of temperature caused by this soon ceased after leaving about a drachm of boro-glyceride solution in the cavity when dressed.

"At first the discharge from both tubes was very profuse, but it gradually lessened, and at the end of four weeks the left tube was taken out; and the right was taken out about five and a-half weeks after the operation. The patient, who at first was so weak that he could be scarcely turned in bed, made an uninterrupted recovery, aided by large quantities of food and stimulants. He was able to get to a couch about three and a-half weeks after the operations; and on May 1st, six weeks after the operations, he was sent to Weston-super-Mare to complete his convalescence.

On this date I made the following note: Impaired percussion resonance over both sides of the back. Vocal resonance and fremitus about normal. Vesicular breathing on both sides down to the bases. The cyrtometer shows an equality of expansion on both sides of the chest. The track of the right tube is not quite healed, but that of the left is practically well.

"There are a few points of interest to which it is desirable to refer. Speaking of the case generally, it may be said that the successful issue was very largely due to the great amount of plastic exudation, which had bound down both lungs to such an extent that the collapse which necessarily ensues when an opening is made into the pleural cavity was markedly limited, and the respiratory capacity thereby proportionately benefited.

"All observers are agreed that in cases of double empyema it is desirable to allow a week or more to elapse between the times of operation on each side of the chest; but in this case we did not feel justified in waiting more than 48 hours, and we knew that the lung on the left side, which was opened first, was very largely adherent to the parietes.

"The case also exemplifies how small is the pathological difference between the so-called localised and the general empyema. Although practically the local empyema may be regarded as the less serious, it would appear as if the amount of localisation or generalisation was simply a question of greater or less amount of agglutination between the two layers of the pleura.

"With reference to the tube employed, I used the ordinary flanged tube, tied round the chest with tape attached to either flange. The tube was covered with a piece of gutta-percha tissue so arranged over the lumen that when wet it acted as a valve, permitting only of expiration through the tube, and during inspiration fitting so closely over the end of the tube that practically no air entered the pleural cavity. Of this simple method of treating the empyema tube I can speak very favourably. In this case vesicular breathing could be heard over the whole chest in the course of three or four days, except in the immediate vicinity of the tubes, showing how closely the lung had come in contact with the chest wall, being aided of course by the yielding of the chest wall itself to the external pressure.

A potential cavity, however, still existed between the two layers of the pleura, which were not yet adherent, and in finally withdrawing the tubes we were guided by the cessation of purulent discharge rather than by auscultatory physical signs."

We all know how satisfactory as a rule cases of single empyema occurring in young people are, when we have at our hand all the advantages which antiseptic surgery bestows. I am old enough to recall a very different experience, and think with regret on the number of lives I have seen lost which might have been saved if only the surgical knowledge which now seems so simple had been available.

But a double empyema with a patch of pneumonic consolidation in one lung was a condition of things I had not met with before, and I confess that both before and after the operations were performed I had the gravest fears for the result; and I should be doing a great injustice to my surgical colleague, Dr. James Swain, if I did not say emphatically that the successful issue to which this case has been brought has been mainly owing to his skill, care, and continuous attention. Material assistance was also rendered by the admirable and efficient nursing the patient received from his sister.

The patient's condition at present is a satisfactory one. There is good respiration over both lungs, and I have every reason to hope that no permanent damage has been done. He has recovered strength, weight, and colour; his voice is strong; and he has returned to athletics and class work.

THREE CASES OF UMBILICAL HEMORRHAGE OCCURRING IN THE SAME FAMILY.

BY

JAMES TAYLOR, M.R.C.S. Eng.

Case I.—1879. Sept. 29. Female, aged 13 days.

History.—She is the eighth child in an otherwise healthy family. Of the previous seven children six are living and healthy, the seventh died in infancy of whooping cough and

pneumonia. There is no history of bleeding in parents or their children, but the mother's first cousin (father's brother's child) lost two of her children from umbilical hemorrhage.

This is a fine large baby. The cord was very thick and did not separate till seven days after birth. Before it separated, a visitor, in taking the child up to nurse it, seized hold of the front of the child's clothing, and since then the navel has been inclined to weep. The bleeding has set in more severely to-day (13th day), but there have been small clots coming away ever since the accident. The child is not at all blanched. There is slight venous oozing (enough to stain the bandage through after some hours). Directions were given that the bleeding surface should be dusted with tannic acid.

Sept. 30.—Bleeding continues, but is not more profuse. Tincture of matico applied in place of tannin. In the evening the hemorrhage became profuse. On consultation, strong perchloride of iron was applied with a pad and bandage, which stopped the bleeding for twelve hours.

Oct. 1.—Hemorrhage was now profuse. Solid perchloride of iron, ice, turpentine, pressure kept up manually, and the actual cautery were all tried with no effect, and the child died at 5 a.m. on October 2, three days after onset.

During the illness the child's elbows and ankles were noticed to become discoloured.

Case II.—1883. Dec. 19, Female, aged eight days. Labour was normal. The infant is a fine healthy-looking one.

This is the tenth child. The ninth had no trace of bleeding from the umbilicus, and lived to be fourteen months old, when it died of diarrhœa. The umbilical cord has not yet come off. The child was quite well at 5 a.m., when it was taken out of its cot, but at 8 o'clock the front of its night-dress was stained with blood. The child is blanched, and on stripping it all its clothes are found saturated with blood, and the remains of the cord are in the bandage. Above the umbilicus, for about an inch, the surface is red and the skin abraded; blood is oozing from this. Blood is also welling up from the bottom of the umbilical scar.

Pressure and styptics stopped the bleeding till the afternoon, when it recurred. Then, on consultation, two hare-lip pins were introduced under the umbilical scar, one from above downwards and the other transversely, and a thread passed round underneath. These effectually stopped the bleeding, and during the evening and next day the child rallied considerably; and with the exception of the tendency to bleed at the points of entrance and exit of the pins there was no bleeding.

However, during the evening of Dec. 22 (two days after the operation) the hemorrhage recurred, the blood welling up from the punctures, and in spite of tightening the ligature (which was successful for a time) and the application of styptics, the child died at 6 a.m. on Dec. 22, that is three days after the onset of the hemorrhage.

Case III.—1887. Nov. 10. Male, aged ten days. This is the twelfth child. The eleventh was stillborn, at full term; a breech presentation; death was caused by pressure on the cord.

Labour was perfectly natural. The cord came off on the seventh day.

This morning the nurse found a patch of dark-coloured blood on the rag over navel. On examination, the navel looks pretty healthy, but the edges are weeping a serous fluid. No blood is coming from it. With a view to euthanasia, and judging from past failures to stop the bleeding, the child was wrapped in a sheet of wadding, the nurse was to sit with it on her knee and whenever she saw a trace of bleeding to paint it with a solution composed of 1 oz. of tannin dissolved in 1 oz. of rectified spirit, and in the intervals of bleeding to keep a rag soaked in the solution on the navel.

Nov. 11. Child looks well. No bleeding beyond occasional oozing. Rag has hardened into an artificial scab over navel.

Nov. 12. Hardened rag remains in position. Nurse reports "a bruise on the child's shoulder this morning."

Nov. 13. When seen to-day there was free bleeding, but it was checked on removing the rag and applying the solution with a brush.

Nov. 14. Nurse says "the tannin solution restrains the

hemorrhage much more effectually than either hazeline or Ruspini's styptic," with which she is supplied as alternatives.

Nov. 15. Bruise on shoulder is as big as a 5/- piece, and dark coloured.

Nov. 18. No bleeding for three days.

1888. Feb. 14. The child has had no trace of bleeding since, and is now passing through an attack of whooping-cough.

At time of writing the child is six years old, and is now a fine sturdy boy. He was not vaccinated till he was two years old, and then there was no more bleeding from the scratches than normal.

This disease appears to be more common in male children than female, but in these cases two were female and one male. The tendency to hemorrhage is transmitted through the female members of the same family, and this holds good here, for the only other case of hemorrhage in the family, as far as can be ascertained, is that the first cousin of the mother on her father's side lost two children from umbilical hemorrhage, *i.e.* the grandfathers of the babies were brothers. It is curious that it is not till the eighth child in the family that the disease showed itself, and also that the intermediate child in the series of cases should show no sign of tendency to bleed; also that none of the other children have ever shown the slightest symptom of hæmophilia. The mother passed through her confinements without having any *post-partum* hemorrhage, and although at the menopause she suffered considerably from menorrhagia, she is now quite well.

Jaundice was not a marked symptom in these cases, though bruising is noted in the first and third cases.

The treatment with the solution of tannin in the last case was eminently satisfactory, and the tannin seemed to have more controlling influence over the hemorrhage than either of the other styptics that were tried; and perhaps the styptic renewed constantly as it was in this case had a better chance of acting directly on the bleeding point itself than when combined with pressure, as this could not be rendered effective owing to the abdominal walls being in constant movement.

It would be worth while in such cases to give chloride of

calcium by the mouth, as suggested by Dr. Wright,[1] who describes chloride of calcium combined with fibrin ferment as the "physiological styptic." This treatment would seem specially desirable, as in an analysis of fœtal blood at the time of birth, given in the *Annual of the Universal Medical Sciences* for 1889,[2] it is stated that the blood is rich in salts, there being a marked preponderance of chlorides in the serum, so that an absence of salts in the blood might account for the occurrence of hemorrhage.

Health-Resorts in the West of England and South Wales.

IX.

CHELTENHAM.

BY

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Medical Officer of Health, Cheltenham.

THE Manor and Hundred of Cheltenham is of very ancient foundation. In Domesday Book we learn that "King Edward (the Confessor) held Cheltenham. There are eight hydes and a-half: Reinbald holds one and a-half, which belongs to the church. There are three plough tillages in demesne, and twenty villeins and ten bordars, and seven servi and eighteen plough tillages. In the reign of King Edward it paid £9 5s. and three thousand loaves for the King's dogs. It now pays £20, twenty cows, twenty hogs, and 16/- in lieu of bread for the dogs."

Thus it is evident that at the time of the Norman Conquest, and previously, Cheltenham was a place of importance. It has, however, suffered many vicissitudes and changes. Previous to the Reformation, Leland describes it as a large town, having a

[1] *Brit. Med. Jour.*, Dec. 19, 1891. [2] Vol. ii., J-5.

market and belonging to the King. In the time of Charles I. it was defended as Royal property, and is stated to have then had a population of 1,500: but being taken by the Roundhead party, it was evacuated by the Royalist residents, and so dwindled down to an insignificant village; the number of births and deaths annually placed upon the parish register for many years after this time prove the population to have been very small, probably it did not exceed 300 or 400.

Attention was first called to a certain saline spring at Cheltenham by flocks of pigeons, which were noticed to settle about the spring, being attracted thither by the deposit of salts upon the earth at the water's edge. Some of the inhabitants afterwards took doses of the water, which was found to be aperient; and in 1738 an enterprising resident enclosed the "Old Well," and began to charge a fee for the water, whilst at the same time he planted some avenues of trees and so laid the foundation of the later Spa. From this period visitors began to arrive at Cheltenham; the fame of its waters rapidly spread abroad, and the fortune of the place was made when King George the Third, by the advice of his physician, Sir George Baker, came in 1788 to drink the waters at Cheltenham. During his stay his Majesty's health was greatly improved, the tide of favour and fashion set strongly towards the place, which grew with amazing rapidity and entered at once into a very successful rivalry with Bath. All the social exercises and amenities of the latter place were put into practice here, and a Master of Ceremonies was appointed at a high salary. Spa buildings arose in numerous localities, where fresh wells were sunk for collection of the water, as the quantity available at the original spring was found quite inadequate to the demand; in fact, for a short time the whole of the available water was drunk up by eleven o'clock in the morning, a crowd of eager patients besieging the pump room, each one jostling his neighbour in fear of being unable to obtain his matutinal dose. Baths were also started, and crystalline salts were prepared by evaporation of the water. Building now went on very rapidly, the population went up by leaps and bounds, and the beautiful villa town as it at present stands was the ultimate result.

After a long run of a very lively success, we at length find the fortunes of Cheltenham and all similar watering places decidedly on the wane. Water drinking for all and sundry complaints was going out of vogue, and the throngs of gay visitors that for so many seasons had with the swallows been wont to appear in Cheltenham ceased to arrive, and the spas or pump rooms were one after another closed, pulled down, left to decay, or converted to some other use; and at the present moment the natural mineral waters can only be obtained at the Montpellier and Pittville Spas, and at the proprietary establishment of Cambray Spa. It is stated that at one time as many as 100 wells were in use, though some of these were connected together with pipes and were to all intents and purposes merely collecting reservoirs. The mineral water interest has become dormant, notwithstanding that it was this interest alone which called this fine town into existence; so dormant, indeed, has it lately been, that the main reminder of the fact of Cheltenham having ever been famous for its medicinal waters is the pigeon—the first discoverer of the virtues of the waters—which sits with great constancy where it has been placed as crest in the Borough Arms.

There are many places with mineral waters that have not the natural advantages of Cheltenham as a healthful and pleasant place of residence, and there are very few towns in England laying claim to the title of health-resort that have so much to boast of in this respect. A study of the geology of the district shows the town to stand partly upon the bare clay of the upper lias and partly upon the sandy drift by which the clay is in places covered. Thus it is easy to find a house built either upon the warmer sandy subsoil, or upon the colder but less pervious clay; and according to the dictates of his personal experience, the house-seeker will choose the site that is likely best to suit him. Within a couple of miles of the centre of the town, on the east and south sides, the lias formation ends, and the oolitic limestone rocks of the Cotswold hills rise into a bold escarpment. The outliers called Chosenhill or Churchdown to the south, and Bredon Hill and Oxenton Hill to the north, help, with the more or less straight ranging line of the Cotswolds

proper, to form a wide semicircle of hills on the one side of the town, while the whole western half of the circle is open to the Severn valley. Thus, whilst the town is somewhat sheltered from the colder winds, it is by no means shut in by hills, but lies well exposed to the sunlight and the breeze. The name Cheltenham denotes a town upon rising ground, and from the suburb of Charlton Kings on the extreme east there is in fact a gradual fall to the west—that is, towards the river Severn, which lies seven miles away. Drainage is consequently rendered easy, and is further facilitated by the existence of the stream called the Chelt, which passes through the town in the direction above indicated, to join the Severn about half-way between Tewkesbury and Gloucester. The actual elevation of the town above mean sea-level varies from about 180 feet in its lowest parts to 250 in its higher parts, whilst the hill called Battledown on the north-east border of the borough rises to upwards of 500 feet. Battledown is covered with a sprinkling of villas, and villas have also been built upon some of the higher hills behind, as at Leckhampton and Cleeve hills, and it is possible to reside in the immediate neighbourhood of Cheltenham at elevations varying to upwards of 1,000 feet, the highest point of the Cotswolds being attained on Cleeve Cloud at 1,080 feet, four miles from the centre of Cheltenham. The building of a good hotel at this higher altitude has lately been considered, and other villas will doubtless be built in these "regions of upper air" when a demand for them arises.

The views obtainable from the hills around are hardly to be equalled in extent in any other place in England. A magnificent panorama is presented, embracing the broad Severn valley, in which one can see the towers of Gloucester, Tewkesbury, and Worcester, the valley being bounded on its opposite side by remote hills. Malvern is distinctly visible at a distance of 20 miles, and the fine mountain line which takes its name from that town is almost always visible, extending southward and being continued by the hills of the Forest of Dean. Beyond these again, the Welsh mountains in the counties of Brecknock and Radnor are visible on a clear day; and from the higher points of the Cotswolds the top of the Sugar Loaf

Mountain, sixty miles to the westward, crops up in the distant background with great distinctness. The view to the north only finds its limits in the Lickey and Clent hills at and beyond Bromsgrove, and the Clee hills in far-away Shropshire. From the top of Battledown, or from Leckhampton Hill, the whole of Cheltenham lies in sight. In proportion to the number of its inhabitants the town occupies an immense area, consisting in large part of detached villas with gardens and trees, which fact has earned for it the *sobriquet* of "The Garden Town of England." Its houses are in the main of stone or light-painted stucco; and owing to the absence of factory smoke, the whole place presents a wonderfully clean and *piquant* appearance, with its group of pointed spires in the centre and its white terraces, crescents, and squares. Coming now into the town itself, we find many broad thoroughfares, with wide foot-pavements, most of them being planted with trees like the boulevards of a French city. The most notable street in Cheltenham is perhaps the Promenade, where are double rows of large trees, shading a row of splendid shops, beyond which is the New Club and the glass-covered building of the Winter Gardens on the one side, and on the other side a strip of pretty public gardens, containing a beautiful fountain, lying in front of a terrace of tall dwelling-houses. The road rises gradually to the Queen's Hotel, which, with two cannons posted in front of it, dominates the long avenues and wide pavements of the street. The High Street is an extension of the first original old street of Cheltenham, being the high road from London. It is about two miles long, and is flanked with numerous shops, which afford a cheap market for all kinds of goods. The poor neighbourhood is chiefly off the bottom end of the High Street, and lying nearly all together, forms a quarter separate and distinct from the main town. The necessity for large open spaces is not keenly felt, nevertheless there exist two public parks; namely, the Agg-Gardner Recreation Ground and the Naunton Park, the latter recently opened, and both devoted more particularly to the pleasures of the poorer part of the community. Besides these, there are the Montpellier Gardens and the Pittville Gardens, both the property of the Corporation.

In the former, where in recent years the ground has been chiefly devoted to tennis and archery clubs, it is proposed that the new baths and spa buildings shall be placed. The beautifully planted Pittville Gardens have recently been greatly extended by the purchase and laying-out of an adjoining estate; here a new lake, a third of a mile long, has been also made; it is available for boating and provides safe skating in time of frost.

Cheltenham is well supplied with places of entertainment. It has a new Theatre and Opera House, which is said to be as conveniently constructed as any theatre outside the Metropolis, and here are performed in a constant round all the best productions of the London stage. The Winter Garden, the Assembly Rooms, and the Rotunda, put here in their order of size, offer accommodation for concerts, lectures, large receptions, and other entertainments; whilst the long series of balls held in the Assembly Rooms through the winter season have given a notoriety to the town. Cheltenham is also the centre of a hunting district. The Cotswold hounds have their kennels here, and meets take place in the immediate vicinity several times a week during the season. On the top of Cleeve Hill is a capital set of golf links, kept up by the golf club. The bracing effect of the scramble round these links, which measure three and a-half miles from first tee off to last hole, is very apparent, and every year sees an increase in the number of votaries to this fascinating form of exercise. A monthly handicap competition for a medal takes place amongst the members. As to tennis, many champion players have gone out of Cheltenham, both ladies and men, and many still remain here. The East Gloucestershire Tennis and Cricket Club possesses its own ground, and enrolled upon its list of members are the names of all the athletic *élite* of the town. There are several good riding masters, with large studs; there are also numerous livery stables, and the town is well supplied with hackney carriages, the drivers being of course all licensed, and the charges regulated by the Municipal Authority.

The country round about Cheltenham is very charming. Through lovely leafy lanes one may walk, ride, or drive into the

surrounding villages. At the town of Tewkesbury, nine miles away, where the Warwickshire Avon joins the Severn, is the fine old Norman Abbey, and many quaint remnants of mediæval buildings are to be found in the town. Here it is possible to roam the broad meadows by Avonside, the site of the battle of Tewkesbury, or take a boat upon either river from amongst the large number of excellent craft that will be found on hire. Of the two, the Avon is the favourite stream for boating, and over the calm water in summer time it is sweet to glide through its verdant reaches up to Strensham Lock, and beyond to Pershore and Evesham, or even to Shakspere's Stratford, should time and inclination permit. The rivers also attract anglers, who have formed themselves into a club, and are granted cheap return tickets by the railway companies. To the ancient town of Gloucester, with its cathedral, it is but nine miles from Cheltenham, and there are trains to and fro frequently, both on the Midland and Great Western lines. The cathedral towns of Hereford and Worcester are also within easy distance by rail, and express trains carry their passengers into either Bristol or Birmingham within the hour. Beyond Gloucester, the Forest of Dean, with its unequalled Sylvan scenery, is immediately reached, and the most beautiful river in England—the Wye—is so near as to allow of a long day being spent upon it, starting from Ross, and passing Monmouth, Symonds' Yat, Tintern, to Chepstow, with time left to return to Cheltenham the same evening, if that be desired. But perhaps the most frequented place on the outskirts of Cheltenham in the summer time is Birdlip, which lies over Leckhampton Hill, six miles away. The views obtained upon the road are especially grand, and the extensive beech woods situated there, which are open to the public, afford an excellent place to picnic. Birdlip is on the road to the beautiful Stroud valley, the town of Stroud itself being thirteen miles distant from Cheltenham. Another favourite rendezvous for excursionists is Chedworth, situated in the Cotswold hills, and reached by rail, or after a pleasant drive of eleven miles. Here are some beautiful woods, but the interest centres in the remains of a Roman villa which were laid bare a few

years ago. Large portions of mosaic pavement, Roman hot-air baths, &c., *in situ*, and other interesting relics, in a wonderfully good state of preservation, are here to be seen. Speaking of antiquities, the remains of ancient Roman entrenchments are of very common occurrence along the line of the Cotswold range and upon most of the outlying hills, the hills having been at one time evidently strongly held against a foe inhabiting the Severn valley or the land further to the westward. Several barrows also exist in the neighbourhood, and flint instruments are found in large numbers in the cultivated fields upon the hills.

It may be asked—How does all this affect the question of health? The answer is, that the success of a health-resort depends very largely upon the opportunities which the place affords for the amusement, exercise, and healthy recreation of the people who come to live in it. The class of invalids that repair to such a place as Cheltenham are not those who are stricken with acute forms of disease which must speedily end in death, or those hopeless chronic cases for whom a hospital for incurables would be the only appropriate provision. The people who come even for a short time are, with very few exceptions, enabled from the first to take part in whatever recreations are open to them, and upon such recreations and pleasing occupations their ultimate restoration to good health in great part depends; this is, in fact, part of their treatment, and not the least important part, though it is not desired to detract from the importance of following the advice of the medical practitioner as to a rigidly prescribed diet and mode of life, and the taking of baths, mineral waters, or any other remedial agent. To everyone conversant with general or special medical practice, a large number of cases will suggest themselves as being likely to derive benefit from a temporary or more permanent stay in Cheltenham, or such a place. In the practice of every physician are numerous cases of men and women who are found to be suffering from ailments engendered by the stress of their lives or the persistence in habits whose tendency is antagonistic to the welfare of the body, and the continued proper performance by the various organs of their functions. Let us take as an

instance the conditions arising from irregularities of diet and the effect of alcoholic drink, taken in excess. Here there is congestion of the alimentary tract, which will be relieved by repeated daily doses of our natural medicinal waters and by exercise and change of habits. If not too far advanced, it is probable that every such case would benefit by a visit of a few weeks to Cheltenham, which is a desirable place for those in whom the gouty diathesis is apt to make itself apparent periodically in one of several ways, the attack being apparently less dependent upon evil habits than the cases mentioned above. Certain forms of dyspepsia, cases of anæmia and disordered nutrition, of obesity, of chronic constipation, of chronic lead or other metallic poisoning, of rheumatoid arthritis and other chronic rheumatic conditions, of locomotor ataxy and other affections having origin in the central nervous system, of hypochondriasis or mental debility, may all be benefited by a stay in Cheltenham under treatment by the methods here specially employed.

As a place of permanent residence, Cheltenham is, by reason of its mildness and salubrity, well suited for people of indifferent vitality. The town always has in it a great many elderly people, and the weekly death list is often surprising in the relatively large proportion of deaths of people at a very advanced age. This has on occasion been so remarkable as to lead to enquiries being made from the office of the Registrar General into the accuracy of the return. Of course the town has for long been a favourite place of settlement for retired army officers, and there are probably more "Old Indians" here than in any town in the country. The place appears to suit them very well, judging from the length of time they continue to live; and that the place and climate should suit the weakly as well as the old seems but a natural corollary. The beauty of the town proves attractive to many people who have been well treated at the hands of Fortune and are looking out for a place for private residence; a good many of this class are numbered in the population of the town.

But perhaps at the present time the influence which is strongest to determine families to settle here is found in the

facilities afforded for the education of both boys and girls; the motto of the town, "*Salubritas et Eruditio*," being well chosen as representative of the two chief features in the interest of the place. In writing of Cheltenham as a health-resort, it would be out of place to enter into the advantages of Cheltenham as an educational centre, so that this subject must be dismissed with few words. The two interests in no way interfere with each other, but on the contrary are of mutual advantage. There is the Boys' College, which ranks as a great public school, and the Ladies' College, which as a high-class girls' school has perhaps no equal in the country, its classes ranging from the Kindergarten up to the advanced higher education which enables the final examinations for the London University degrees of Bachelor of Arts and Bachelor of Science to be passed by its determined students. Other important schools are the Dean Close Memorial School, the Cheltenham Grammar School, and the Training Colleges for school teachers, both men and women. All these of course help to keep up the population and status of the town.

There is a great plenitude of Society in Cheltenham. It is a friendly place, and whatever the class to which a person belongs he will here be able to make many acquaintances. There are numerous Clubs, political and other. The New Club, in the Imperial Square, numbers amongst its members most of the retired army and navy officers, with many others of the residents, and is non-political; but there are also political and other good Clubs. The balls and dinners, receptions and entertainments of other kinds, private and public, are endless. The Promenade presents a gay scene in the afternoon, when the broad pavements are thronged with well-dressed people. In the roadway, under the meeting boughs of the trees, roll the carriages, many of them splendidly horsed and equipped; whilst the band may be enlivening the scene with its music.

The vital statistics of Cheltenham show the town to have a low death-rate. It is considerably below the average for all England, and also below that for all Gloucestershire. For the ten years 1880—89 inclusive it averaged 17.3 per annum. Last year the death-rate in the three chief residential wards, which together have a population of upwards of 25,000, was 12.3 per

thousand. The entire population of the recently-extended borough is 50,000 in round numbers. The average zymotic death-rate for the ten years was considerably less than one-half of the average rate for the whole country, being for the seven chief zymotics in most years less than 1 per thousand, and occasionally less than .5 per thousand. There appears to be no exceptional prevalence of any disease in Cheltenham of whatever sort, and the rate of incidence of certain diseases—*e.g.* diphtheria and whooping-cough—appears to be much below the average. The health statistics are likely to be still further improved in coming years, as all the new and approved appliances are being adopted by the Sanitary Authority. We have already a refuse destructor of the most effective kind, and extensive sewage farms, upon which the sewage is turned after deposition has been allowed to take place in tanks, the thicker matter being utilised along with the ashes from the destructor as a manurial compost, which is of such value as to be eagerly bought up by the numerous gardeners and growers of fruit who carry on a thriving industry in the suburbs. We have also a Washington Lyons' steam disinfector, and a public abattoir was opened last year and bids fair to be a great success. The Delancey Fever Hospital, a thoroughly well-built place, is about to be extended, to meet the increased accommodation required since the adoption of notification of infectious disease; and when the designs which have just been prepared have been carried into effect there will be a far larger provision for isolation of infectious diseases than is ordinarily met with in towns of this size. The town is well supplied with water, which is derived from springs situated in the Cotswold hills. The oolitic limestone here yields a water very free from organic impurity, and of quite a moderate degree of hardness; a better drinking water, in fact, could not be desired.

The following notes of the Meteorology of Cheltenham are taken from those supplied at the end of last year by Mr. Richard Tyrer, B.A., F.R. Met. S., of Cheltenham Modern School. Of the climate generally it may be said that it is mild. The maximum temperatures of the hottest months are lower by a few degrees than those of London and many towns of smaller size,

and similarly the minimum temperatures of winter are higher. The humidity of the atmosphere averages a higher degree than that noticed in the East of England, but the rainfall is low, and the average number of days upon which any rain falls is moderate for this side of the country. The prevailing winds are marked in that segment of the compass circle included between N.W. and S., the general direction of the wind during the year 1892 being as follows:

From the	North	on 30 days.
„ „	North-East	„ 17 „
„ „	East	„ 15 „
„ „	South-East	„ 27 „
„ „	South	„ 53 „
„ „	South-West	„ 77 „
„ „	West	„ 61 „
„ „	North-West	„ 28 „

There were calms on 58 days.

The following table shows the average annual mean readings for the last 15 years:

Atmospheric Pressure.	Air Temperatures.				Humidity.		Rainfall.	
	9 a.m.	9 p.m.	Max.	Min.	9 a.m.	9 p.m.	Inches.	Days.
29.93	47.9	46.5	55	40	83	87	28.4	188

I am obliged for the present to postpone the precise description of the mineral waters of Cheltenham, as well as of the new buildings that it is proposed to immediately erect for their use, most extensive plans for which, including a magnificent system of baths, are at the present time under the consideration of the Committee; but in a later issue I trust to be able to add a short note upon the details of these subjects.

Progress of the Medical Sciences.

MEDICINE.

When, in 1889, Brown-Séquard brought before the Society of Biology in Paris his experiences in the use of an organic extract upon his own person, giving rise thereby to the expression of considerable ridicule, he did but record the practice of a principle which he had enunciated in his course at the Faculty of Medicine twenty years before, when he said: "All glands, whether or not provided with excretory ducts, supply to the blood useful substances, the absence of which is manifested after these glands have been extirpated or destroyed by disease." [1] That is to say, that all glands have the common function of forming an internal secretion, which in glands provided with ducts is entirely different from, and independent of, the external secretion discharged from the gland through its duct. The best known example of two such independent secretions are those of the pancreas. Minkowski's researches, especially his latest,[2] prove conclusively that this organ is constantly throwing into the blood some substance (as yet unknown) which prevents the appearance of glucose in the urine, entirely irrespective of the fact whether the external secretion is allowed to pursue its normal course, or is diverted straight from the gland out of the body through an artificial fistula. Furthermore, Hédon's experiment,[3] to the effect that the pancreas of another animal grafted subcutaneously into the original animal, in whom the pancreas had been destroyed, would prevent glycosuria, gave, if possible, an additional proof to the existence of an internal secretion being formed by this gland.

There are also many general and particular reasons for believing that an analogous function is discharged by tissues non-glandular in their structure, so that, as Treviranus said, every structure, so far as its nutrition is concerned, is relatively to the rest of the body in the condition of an excreted substance, or, as Brown-Séquard has more definitely put it, every act of nutrition is always the correlative of an internal secretion. Such a doctrine opens up a vast field for therapeutic experiment in the employment of the extracts obtained from various tissues and organs, but as yet only a limited number of these organic extracts have been used in practice. It will be sufficient for our

[1] *Arch. de Physiol.*, July, 1891.

[2] *Arch. f. exp. Path. u. Pharm.*, vol. xxxi., pp. 85–189, and *Med. Chron.*, Aug., 1893.

[3] *Arch. de Physiol.*, Oct., 1892.

purpose, therefore, to mention those which so far have been most employed; viz., those from the testicle, thyroid, pancreas, kidney, supra-renal capsule, and nerve-substance; those from the lymphatic glands, spleen, bone-marrow, and muscles are as yet less known and tested.

The modes of preparation of these liquid extracts will be found described by Brown-Séquard,[1] or, in more detail, by Dr. C. Éloy[2] and Dr. H. Melville.[3] These liquids can all be administered hypodermatically or in larger doses by the rectum, but only the preparations obtained from the thyroid, thymus, and bone-marrow can be given with effect by the mouth, although in England pancreas is administered by that method also.

1st. **Testicle.**—The mental and physical characteristics which are dependent upon the development and presence of the testicles and their secretions are familiar enough, and the absence of these same characteristics in those who by nature or art are eunuchs is also well known. These characteristics do not depend upon the production of the normal external secretion—the semen; for it is known that complete virile characteristics are present when the seminal fluid is entirely ineffective by reason of the presence of the condition of aspermatism. Juvenal himself records that men who were possessed of full virility, but without power of fecundation, were sought by the *debauchées* of Imperial Rome, because as the result of their satisfying labours *abortivo non est opus*. Furthermore, Fürbringer, professing to be following Brown-Séquard's method, experimented with seminal fluid, as an orchitic liquid, administered hypodermatically, but reported to the Medical Society of Berlin that no general effects of a tonic or stimulant nature were thereby produced. So far, therefore, as testicular fluid has any action, this action must be due to the presence of the "internal secretion." Again, it has been argued that effects observed after this treatment are the results of "suggestion"—an example of the influence of the mind upon the body,—against which view it is urged (1st) that repeated doses of the fluid are required before the effect commences; (2nd) that in experiments made by Variot and others with the genuine extract and with water coloured to resemble it, unknown to the patient, effects were found to follow the use of the organic extract only; and (3rd) Mairet obtained positive results in insane persons who were not open to "suggestion." The enduring (but not immediate) physiological effects of the injection of the orchitic fluid are: stimulation of the mental faculties as by a cerebral tonic; promotion of those functions presided over by the medulla and acceleration of sensory impressions through the spinal cord

[1] *Brit. Med. Journ.*, June 10, 1893.
[2] *La Méthode de Brown-Séquard* (Paris, Baillière, 1893).
[3] *Guide pratique pour la préparation, &c., des liquides organiques, méthode de Brown-Séquard* (Société d'éditions scientifiques, Paris, 1893).

(Grigorescu); increase of muscular force (Copriati); diminished secretion of urine and diminution of vascular tone (Bayroff); stimulation of the function of the digestive tract and frequently augmentation of weight (Bayroff), and increase of the hæmoglobin in the blood. Hence it is easy to deduce that a wide field for application of the treatment is opened out. Omitting Brown-Séquard's classic description of his own case at the Society of Biology in Paris, successful treatment of neurasthenia is recorded by d'Arsonval and others, about one half of the cases so treated being benefited; hysteria has not been found to be relieved; so also in mental alienation, general paralysis and paralysis agitans, the results have been inconclusive. Waterhouse and Pempoukis record benefit in cases of hemiplegia and paraplegia, Deydren in chorea, and Massalongo in insular sclerosis. But it is in locomotor ataxy that the most surprising results have been obtained. Brown-Séquard reported to the Academy of Sciences in April last that, out of 342 cases in which the diagnosis was certain, amelioration to a more or less considerable degree had taken place in 314 cases. Depoux, Gibert, d'Arsonval, Kostourin, Owspenski, Decoud, and Bouffé have also recorded successes. For favourable results the case should be in a comparatively early stage, with at least partial preservation of function; if tolerated, the treatment must be persevered with, the injections administered in series, with periods of intermission over a lengthened space of time. In some cases, however, undue nervous excitement has been caused with increase of the lightning pains, in which case the treatment should of course be discontinued. In tuberculosis, though devoid of specific action, it causes a general improvement in respect of nutrition, night-sweats, cough, and pyrexia, but its use should be avoided in advanced cases. Goizet, Dumontpallier, Variot, Lemoine, and others have recorded their experiences. Quite wonderful is the improvement stated to have been observed in 300 cases of the cancerous cachexia, where the lesion was superficial and could therefore be fully observed. The different forms of diabetes mellitus, like anæmia and asthenia, are beneficially influenced, including that special form of diabetes associated with disease of the pancreas; and very many other morbid conditions are benefited by treatment with this substance, such as palpitation, dyspepsia, impotence, general weakness, and so forth. But enough has been adduced to show that in the hands of 1,200 medical men, to whom the College of France has furnished the orchitic extract, results have been obtained which assign a distinct value to this therapeutic measure. Lastly, it is to be remembered in the words of Éloy: "The orchitic extract is always a symptomatic remedy, never a specific remedy."

2. **Thyroid.**—The therapeutic effects of the internal secretion of this gland are so well and so certainly known in this country, applied to the treatment of myxœdema and allied

conditions, that it is unnecessary to occupy space here by recording instances; but of the extended range of the influence of this gland-secretion, Dr. Byrom Bramwell's experience in treating psoriasis by thyroid feeding[1] may be noted.

3. **Pancreas.**—The relation of the pancreas to certain forms of diabetes has been discussed previously in this *Journal*,[2] and need not again be stated. It is, however, still uncertain whether we can distinguish clinically in man the cases of diabetes which are wholly or mainly due to the suppression of the internal secretion of the pancreas. They are to be found among the acute rapid examples occurring in the earlier part of life, and it is only in this wasting "*diabète maigre*" that pancreatic treatment is indicated. Many cases have been recorded as having been treated in this country, the pancreas, or a preparation of it, being generally administered by the mouth. On the Continent, Rémond and Rispal, Battistini and Comby have published results more or less variable. The treatment at present is only in a tentative stage, and Brown-Séquard (as before mentioned) has obtained better results in diabetes from the orchitic fluid.

4. **Supra-renal Capsule.**—Experiments by Abelous, Langlois, Albanese, and Charrin having shown that after the capsules have been wholly or mostly removed death takes place, preceded by wasting and great muscular weakness; that this fatal result can be retarded by the introduction into the acapsulated animal of blood obtained from a normal animal, and that this "internal secretion" is allied to curare in its action, some tentative trials have been made in the treatment of Addison's disease by grafting a dog's capsule into the patient by Augagneur, and by injection of the capsular extract by Abelous, Langlois, and Charrin. Huchard has also proposed the same treatment for general muscular weakness. No conclusive results have been hitherto obtained.

5. **Kidney.**—The fact that the condition of anuria is much less rapidly fatal than suppression of the secretions—internal and external—of the kidney when that organ has been ablated, or is structurally diseased, has justified Dieulafoy in mitigating the uræmic state by the hypodermic administration of "nephrine."

6. **Nerve Centres.**—This extract was first employed by Babes, and much more extensively by Constantin Paul for neurasthenia and ataxy. In neurasthenia of the melancholic and hypochondriac type it was found ineffective; in the other forms a large proportion of the cases were benefited. In ataxy Dauriac and Dufournier report twenty out of twenty-four cases more or less ameliorated. Babes and Gibier each report cases of epilepsy which improved under the treatment. Cullère finds that in the insane it produces an improvement in the nutrition

[1] *Brit. Med. Journ.*, Oct. 28, 1893, p. 933.

[2] Sept., 1893, p. 178.

of the body, but no lasting effect upon the mental condition. By other physicians it has been used in aphasia, hemiplegia, and allied conditions with some success; but Brown-Séquard considers that it is distinctly inferior to the orchitic extract.

It would perhaps not be right to omit altogether notice of the use of organic extracts by Hammond,[1] of New York. By a chemical manufacturing company extracts of brain, heart, and other organs are made under his supervision, the effects of which he reports to be remarkable. These effects are denied by Stockwell[2] and others, and, with little credit to those engaged in the wrangle, discussion has been carried on in language and methods happily foreign to this *Journal*.

J. E. Shaw.

SURGERY.

The treatment of over-riding fragments in oblique fractures is one that often tries all the resources of the practical surgeon, and we are indebted to Mr. Keetley[3] for the suggestion of drilling each fragment transversely to the long axis of the bone, and setting in the drill holes two steel pins (silver plated), the external ends of the pins being bent towards each other at right angles (parallel to the surface of the limb), so as to overlap, and then, while reduction is made by extension, the overlapping portions of the pins are wired together. An antiseptic dressing is applied. Senn, too, seems impressed with the defects of previous methods of securing and retaining accurate apposition in cases of compound and ununited fractures, and advocates[4] the employment of hollow perforated intra-osseous splints or of bone ferrules. He objects to the wire suture, because it frequently fails to maintain apposition; because he believes that in some cases the wire induces necrosis of the bone, and because a foreign body is thus permanently retained at the seat of fracture. Many will agree with him as to the inefficiency of the wire suture, but some of us have found that the use of a metallic nail or screw (which Senn simply dismisses with a mere mention of the methods) is often very satisfactory. The use of ivory cylinders and clamps, as recommended by Bircher[5] and Socin, have been attended by success; but they take too long to become absorbed, and spontaneous elimination is sure to take place sooner or later, for there is a limit to the absorption of aseptic absorbable bodies. The mechanical effect is the same whether a solid or hollow cylinder of ivory or bone is used, and Senn recommends the more easily absorbable intra-osseous splints of hollow perforated bone cylinders. The use of such cylinders does not interfere with the early formation of the

[1] *N. Y. Med. Journ.*, Jan. 28, Ap. 22, 1893, *etc.*

[2] *Med. News*, Aug. 26, 1893, p. 231, *etc.*

[3] *Lancet*, June 10, 1893, p. 1377. [4] *Annals of Surgery*, Aug., 1893.

[5] *Archiv. f. klin. Chir.*, Band xxxiv., S. 410.

intermediate callus from the medullary tissue, and the lumen of the hollow cylinder is soon filled with this valuable bone-producing material and the products of tissue proliferation. Later on new blood-vessels fill the perforations, and establish communication between the process of repair within and outside of the cylinder. Such cylinders should be made from the shafts of long bones of chickens, turkeys, or rabbits. The medullary cavity is to be increased in size by the use of a small round file, and the perforations made with a drill. The length of these intra-osseous splints will vary, according to the size of the bone and the obliquity of the fractures, from one to three inches.

In cases of very oblique fracture the bone cylinder in the cancellous tissue will not retain the fragments securely. For these cases Senn recommends the use of a bone ferrule. The rough and often denticulated fractured surfaces, held in contact by the circular splint, will bring about inter-locking of the fragments, the best safeguard against undue shortening. Angular deformity and rotation can be readily prevented by an appropriate external support. For the humerus and femur of the adult the ferrule should be prepared from the femur of an ox; for children the same bone of a smaller animal should be chosen. For the tibia the corresponding bone of the animal is chosen. With a sharp saw the shaft of the bone is cut transversely, the length of the sections varying from a quarter of an inch to an inch as desired. The medullary canal is enlarged with a round file until the thickness of the bone does not exceed one-sixth of an inch. If the ferrule is longer than an inch it should be perforated. Sterilisation is effected by boiling for an hour or more, after which the rings are kept immersed in sublimate alcohol—1 : 1000—ready for use. In applying the bone ferrule the seat of fracture must be fully exposed, and the ferrule must be large enough to slip over the fragments without danger of being broken. The ferrule is slipped over the most accessible fragment, and after reduction is effected is passed along so as to engage the second fragment. A trustworthy assistant should hold the limb in proper position, as bending at the seat of fracture might break the ring.

In the use of the cylinder or ferrule immobility at the seat of fracture is maintained by the application of a plaster-of-Paris splint to the limb, and this can be fenestrated if the wound has been drained.

* * * *

The treatment of fistula-in-ano by excision and suture often diminishes the period of convalescence by some weeks, and is the operation which should usually be adopted; for even if it does not entirely succeed in effecting union by first intention, the patient is no worse off for the attempt to obtain that result. The technique of this method as described by Thévenard,[1] who

[1] *Arch. gén. de Méd.*, April, 1893, quoted in *Med. Chron.*, Sept., 1893, p. 408.

considers it good in all cases except those where the burrowing is very extensive, is as follows: Rigid asepticity of the field of operation, which is absolutely essential, is obtained by the daily administration of a saline purgative and a gramme of naphthol during the preceding week, and on the day before operation these drugs are replaced by a dose of 5—10 centigrammes of opium, and a boracic acid injection is given morning and evening, and again the next morning, to ensure emptiness of the rectum. The ano-perineal region is carefully shaved and cleansed. The patient being anæsthetised, and placed in the lithotomy position, the surgeon proceeds to excise the fistulous track. "If it is a single one, a grooved sound is passed by the cutaneous orifice, emerging into the rectum at the other end. An incision is then made into the mucosa down to the indurated tissues bounding the sinus. With strong forceps these tissues are fixed on the sound, and then dissected from above downwards, the sound and the sinus being removed together. The cutaneous scar is then freshened, and then the sutures are passed. In the same manner the secondary burrows and diverticula are sought for and laid open in their turn. The excision of the diseased tissues is then proceeded with." The curette must be used instead of the bistoury if the burrowing is very deep. Thévenard uses interrupted stitches of catgut placed in order from above down; but I have generally found a continuous catgut stitch passed with a fully-curved needle more manageable in the deeper parts, while the skin surface is brought together by interrupted sutures of silk-worm gut. Iodoform is then dusted on the parts, and a pad of wool applied by means of a **T** bandage. The bowels may be relieved by an enema of glycerine about the fourth or fifth day, the skin sutures being removed about the seventh to tenth day. Thévenard gives particulars of thirteen cases of different degrees of complexity, and in all the operation was successful, although several of them were tubercular. The advantages of this method of treatment over the usual plan of slitting up the fistula and allowing the wound to granulate are: less risk of secondary infection of the wound from the rectal secretions, &c.; shorter time (four or five weeks only for most complicated cases) required for cure; and the functional integrity of the anal sphincter is absolutely maintained, for when this has been incised its muscular fibres are taken up by the deep sutures and the ring restored to its normal condition.

"To sum up, the method of suture is not alone applicable in simple cases, but is specially indicated in complicated fistulæ, and in tuberculous subjects is essential."

* * * *

Dr. Howard complains[1] of the unsatisfactory results and prolonged treatment necessary in cases of in-growing toe-nail

[1] *N.Y. Med. Journ.*, May 27, 1893, p. 579.

which have resisted ordinary methods, and demand some such treatment as avulsion of the nail, with or without destruction of the matrix. The new nail after avulsion is often thickened and deformed, and gives as much trouble as before; and a similar failure may attend the destruction of the matrix, which not infrequently leaves a few hard nodules which become the cause of much pain. The operation for this persistent affection proposed by Dr. Howard is as follows: Commencing about three-sixteenths of an inch from the edge of the nail, passing the knife directly towards the bone (not going deep enough to wound the periosteum), make the cut from the centre in front, horizontal to the plantar surface, around and back to a line a little beyond the proximal end of the nail; next begin at the same place as before, pass the knife in a semi-circular manner, ending with the proximal end of the first cut, removing an elliptical wedge-shaped section by bringing the cuts together at their deepest angle. A piece three-eighths of an inch in width is often sufficient to draw the soft parts away from the nail when closed. Bring the edges together with deep silk-worm gut sutures, and dress antiseptically. In from a week to ten days a shoe may be worn with perfect comfort. The operation may be varied to suit the case; for instance, where both corners are ingrown, or where the nail has been removed and is short and sharply incurved, and allows the end of the toe to rise all around above the nail, the cut should be made around the entire end of the toe, and a piece sufficiently large removed to bring the nail above the surrounding soft parts.

Dr. Howard has operated by this method in twenty cases, and all have been successful. I have recently tried this operation in three cases of medium severity, supplementing the steps described above by slicing away the exuberant granulations at the side of the nail. In each case union by first intention occurred; the stitches were removed in about a week; and, so far as one can judge from so limited a number of cases, the final result was more satisfactory, and achieved more quickly than by ordinary operative procedures.

* * * *

Conservative operations on the ovaries, tubes, and uterus have been practised now for some years, and seem to meet with a good measure of success.

Mr. A. C. Butler-Smythe has stated[1] that where the operator finds that the ovaries and tubes are only partially adherent, and where no visible or tangible disease can be discovered in these organs, he regards their removal as unnecessary, and believes that by breaking down the adhesions (upon which the symptoms of pain, &c., depend) the patient can

[1] *Lancet*, Feb. 21, 1891, p. 424.

be cured. He says: "I have now operated on six occasions for adherent tubes and ovaries, and in every instance have been successful in relieving the appendages and benefiting the patients. I have also assisted at four operations of a similar nature where the results were favourable beyond expectation." [1]

These conservative operations have been extensively performed by A. Martin, and he draws attention [2] to the importance of this subject.

I. *Resection of the ovary.*—Ovarian disease is very frequently bilateral, but sometimes circumscribed cystic disease may be found in the other ovary. The question arises as to whether the whole organ should then be removed. It certainly should be if there is no healthy ovarian tissue left, or the process be a suppurative one; but in some other cases it may not be necessary to remove it. He refers to twenty-seven such cases with one death; two of these relapsed, and of the twenty-four remaining ones eight bore children. Ignipuncture has been employed, but the author is satisfied with incision and stitching up.

II. *Resection of a stenosed tube, the other being removed for disease.*—Here it may be more difficult to recognise the character of the disease. The contents of the tube must be most carefully looked to. If the contents be turbid or unmistakably purulent, or if the mucous membrane be ulcerated, the tube must be removed, otherwise resection with the formation of a new ostium may be practised. If any doubt exists, the whole appendage must be taken away. Of forty cases with two deaths, only four were not cured or considerably improved. Only one became pregnant, but twelve were unmarried, and the husbands of some others were neurasthenical or had had gonorrhœa.

III. *Enucleation of myomata.*—The older the patient the more likely are myomata to be multipled. In one hundred and forty-one cases of intra-parietal myomata twenty-six died, but this includes the period of development of the technique of laparotomy. Of the last twenty, only one died. Of the one hundred and fifteen, only four relapsed (3 per cent.). The author has not found any difficulty in stitching up the bed of the tumour, nor has unpleasant hemorrhage occurred. Only two of these patients became pregnant, but other causes of sterility may exist.

The author concludes: (i.) that the conservative operations do not present any materially greater risk than radical ones; (ii.) that women are thus relieved of their troubles in by far the

[1] *Loc. cit.*

[2] *Deut. med. Wosh.*, July 27, 1893, quoted in *Brit. Med. Journ.*, Sept. 9, 1893.

greater majority of cases; (iii.) that relapses are exceptional; (iv.) that the female functions persist; (v.) that child-bearing is possible; (vi.) that child-birth then takes place without any special risk.

JAMES SWAIN.

OPHTHALMOLOGY.

Since Schœler of Berlin advocated injection of tincture of iodine into the eyeball for detachment of the retina, Bull of New York and other experimenters have reported, as was to be expected, not only many failnres of the method, but cases of serious inflammation and injury to the eye.

De Schweinitz, in a recent lecture[1] on the causes and symptoms of detachment of the retina, quotes a *résumé*, published by Emil Grosz, of the methods of treatment now in use, in which some satisfactory results are quoted from the Ophthalmic Clinic of Professor Schulek in Buda Pesth: (*a*) *Puncture of sclera*, 21 cases; 14 no result, 4 improved, 3 made worse. (*b*) *Iridectomy*, 18 cases; 7 no result, 6 improved, 5 made worse. (*c*) *Puncture of retina*, 2 cases; no result. (*d*) *Pilocarpine injections*, 16 cases; improvement in 6, no result in 10. (*e*) *Iodine injections*, in 2 cases with no result. (*f*) *Combined puncture of sclera and pilocarpine injections*, 9 cases; 6 no result, 3 improvement.

The writer's experience is that all methods (excepting iodine injections, which he dares not try) show temporary improvement; mainly, he believes, on account of the rest ensured to the head and eye. A long rest in bed gives the best prospect of arresting the further development of the detachment, and nearly always results in improvement, which may be only temporary. Pilocarpine is of probable value in addition to rest; and he has seen no harm done from scleral puncture, which in several of his cases has been distinctly beneficial. Special circumstances might indicate that iridectomy would be preferable.

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G. de Schweinitz has recently[2] reported the results of some experiments undertaken to test the effect of antiseptic injections on the vitreous body in a healthy or inflamed condition. In almost every case a permanent lesion of the vitreous was produced in healthy rabbits' eyes by the injection of two to five minims of mercuric chloride, mercuric cyanide, aqua chlorinata, trichloride of iodine, or pyoktanin. In four rabbits, purulent hyalitis which had been caused by the introduction of staphylococcus received no benefit from strong antiseptic injections. Some improvement, however, was effected in the eye of a dog

[1] *Ther. Gaz.*, Jan., 1893.

[2] *Journ. Amer. Med. Assoc.*, Oct. 21, 1893.

under similar conditions, and possibly further investigation may show that in the dog the treatment may give better results than in the rabbit.

* * * *

Schapringer [1] discusses the proximate cause of the transient short-sight that may accompany iritis.

Several theories have been adduced to explain the increase of refraction that occurs.

Mittendorf attributed it to an infiltration of the anterior portion of the vitreous, which thus advanced the lens and with it the posterior principal focus of the eye. Such a displacement, to be effectual, would cause considerable pressure on the suspensory ligament and symptoms of eyeball tension; moreover, exudation in the vitreous would alter the refractive index of this body, and thus modify the general refraction of the eye.

Dr. Oliver suggested that spasmodic action of the ciliary muscle caused the myopia; but the latter state continues despite full atropisation, and active spasm rarely accompanies prolonged inflammation.

Schapringer believes that the transient myopia of iritis is best explained by temporary increase of the refractive index of the aqueous humour. He assumes, with fair reason, that the turbidity of the aqueous and the deposited particles are associated with an excess of fibrin in solution of the humour. The clinical suggestion from this hypothesis is, that atropine should not be used longer than necessary, as, by blocking the filtration angle, it still further impedes the osmosis of the too colloid aqueous.

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Dr. George Jacoby [2] quotes two cases of rapid and transitory blindness in pertussis. A boy aged 8, who had suffered two months from whooping-cough, suddenly complained of headache, irritability and vomiting, with absolute blindness. His pupils, the media and fundus of both eyes were normal, and he recovered after a few days, complete right hemianopsia temporarily supervening. A girl aged 6, who also became blind after some weeks of whooping-cough, exhibited double optic neuritis, without any hemorrhages or any symptoms of cerebral disturbance. Pupillary action was paralysed in full dilation. Recovery occurred after a few days. Sudden œdema of the cerebral optic nerve tracts probably accounted for the symptoms. A few cases of ischæmia retinæ, with temporary loss of sight, have been reported during whooping-cough. Typhus, scarlet fever, and other exanthemata have been occasionally complicated by sudden

[1] *N. Y. Med. Journ.*, Oct. 21, 1893. [2] *Ibid*, Feb. 28, 1891.

complete loss of sight. The condition of the pupils and of the eye fundus is usually unaffected, and recovery follows in a few days.

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Heredity plays an important *rôle* in diseases of the eye, as well as in those which affect other parts of the body. Thus M. Despagnet [1] recorded that five children of the same parents, the father being an alcoholic subject, were each attacked, at ages varying from 28 to 32, with double optic neuritis and violent headache, possibly associated with meningitis. There was no other cause for the neuritis, which was associated with marked contractions of the visual fields in each case, and resulted in partial atrophy of the nerve. A child of one of the five mentioned also suffered from similar symptoms.

Exophthalmic goitre has been recorded as affecting several members of the same family, and striking instances of the heredity of cataract have been recorded over and over again. Leber and other ophthalmologists have given good proof of the existence of a form of optic atrophy which is transmitted through many members of the same families, and which has been described as hereditary amblyopia, hereditary optic neuritis, or hereditary optic atrophy. The disease usually appears in early adult life, but it has been recorded in children and in patients beyond fifty years of age.

* * * *

Pilocarpine has been strongly recommended in full doses for rheumatic affections of the eyeball; if larger doses are not well borne by the patient, smaller doses still have a curative influence.[2] Dr. Mansel Sympson [3] publishes an interesting case of recurrent amaurosis without any ophthalmoscopic changes preceding uræmic convulsions, in which subcutaneous injections of pilocarpine proved of much service.

* * * *

Chibret suggested tincture of iodine as a local application to corneal ulcers. Sedan[4] states that it is a painful application, and that it forms deposits in the *cul de sac* of the conjunctiva as well as over the corneal surface. Bane [5] uses for ulcerative blepharitis a light application of tincture of iodine preceded by a ten per cent. solution of cocaine and followed by an oil.

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Dr. Ferret [6] considers that senile cataract may largely depend upon method of alimentation. He suggests that an

[1] *Prog. Méd.*, June 18, 1892.

[2] *Ther. Gaz.*, vol. xvi., p. 602. [3] *Pract.*, Jan., 1893.

[4] *Rec. d'Ophth.*, 1891, xiii., p. 710. [5] *N. Y. Med. Journ.*, Nov. 12, 1892.

[6] *De la Cataracte corticale.*, Paris, 1893.

excessive amount of salt in the food, or some defect of system which leads to the faulty elimination of salt from the tissues, is an important factor in etiology. Cataract, though rare in Algeria, is very common amongst the Arabs employed in the rock-salt works near Djelfa. Dr. Ferret also thinks he has proved its frequency elsewhere in the neighbourhood of salt pits—and he alludes to Kunde's experiments on frogs, which support the same theory.

* * * *

Not only in reading, but also in writing, a faulty position tends to defective eyesight. Mayer[1] states that an examination of two thousand children in Bavaria shows that, with upright writing, 55 per cent. of the children sat in a good position, while only 5 per cent. sat properly of those whose writing was sloping. Vertical writing has long been recognised to encourage a good position and comfort for the pupil, while the attitude is cramped and unnatural when writing is sloped, as is usually taught in this country.

* * * *

In order to produce paralysis of the accommodation by means of homatropine, authorities say that repeated instillations of the drug at frequent intervals are necessary. Coleman[2] has suggested that one drop of a neutral solution, one grain to the drachm, should be introduced into the conjunctival sac overnight, and in the morning one drop should be instilled every quarter of an hour for one hour and a half; the eye to be examined not less than forty-five minutes, nor more than sixty minutes, after the last application. Should this method really prove as effectual as that by atropine in thoroughly neutralising spasm of accommodation, it must be far more convenient by reason of the comparatively slight discomfort which accompanies the use of the more transitory mydriatic.

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M. Galtier[3]—having noted that Brown-Séquard has reported improvement in cases of locomotor ataxia by injection of organic liquids—recently treated a case of grey optic nerve atrophy by injections of testicular fluid. The central vision was improved from one-tenth to one-sixth, and there was also increase in lateral range and in perception of colours.

F. R. Cross.

[1] *Amer. Pract. and News*, March 11, 1893.
[2] *Ann. Ophth. & Otol.*, 1893, ii., p. 70. [3] *Ann. d'Ocul.*, May, 1893.

University College, Bristol.

FACULTY OF MEDICINE.

Mr. ALBERT FRY, Chairman of the Council of the Bristol University College, presided on October 20th at a meeting held in the Theatre of the Museum and Library, when the Right Honourable Sir Edward Fry, LL.D., F.R.S., distributed the prizes to the successful students of the Medical School, which is now incorporated with the College.

The DEAN OF THE FACULTY (Dr. Markham Skerritt) read the report and list of prizes. The report contained the following:—

The Faculty of Medicine have much pleasure in making special record of two events which have occurred during the past year, which are, in their opinion, of great importance to the medical department of the College, and destined to have a marked influence upon its future. One is the public opening of the long-needed new buildings on the 18th of last November by Sir Andrew Clark, president of the Royal College of Physicians. In the handsome structure now at their disposal the Faculty have ample provision for carrying on with efficiency the work of the department in its various aspects. In addition to the portion more especially devoted to teaching purposes, a large hall has been provided for use as a library, and the Council have made arrangements for the centralisation here of all the more important medical libraries at present in existence in the neighbourhood. They are consequently already in possession of a most extensive collection of works, comprising not only the medical library of the College, but also those of the Bristol Medico-Chirurgical Society, the Bristol Royal Infirmary, and the Bristol General Hospital; while the medical works formerly belonging to the Bristol Museum and Library will also be transferred to the Medical Library of the College. There will thus be formed an extensive reference library, the value of which, not only to the students of this College, but also to the members of the medical profession of the West of England, cannot be over-estimated. The second event to which reference has been made is the incorporation of the Bristol Medical School with the College. In existence since 1828, the Medical School was affiliated to the College at the foundation of the latter, continuing to have a governing body independent of the Council of the College. As it was the opinion of both the Council of the College and the Faculty of the Medical School that a closer union would be a source of strength to both institutions, negotiations were entered into whereby on the 12th April of the present year the Bristol Medical School ceased to have an independent existence, and became merged in the College as its Faculty of Medicine. The Faculty have to congratulate themselves, and their College, on the appointment of a Professor of Anatomy who is prepared to give his whole time to the work of teaching. Dr. Edward Fawcett has already distinguished himself in the teaching of Anatomy at the Yorkshire College, and he has entered on his duties at Bristol with every prospect of continued success.

After some observations addressed to the successful and unsuccessful students respectively, in the course of which he observed that the

capacity to win prizes was by no means an accurate measure of the capacity to succeed in life, Sir EDWARD FRY said:

I confess that I never take part in gatherings of this description without a certain amount of hesitation and doubt. I am fully alive to the value of the capacity of rapidly acquiring a great mass of information and of reproducing it in a clear and concise form, which is promoted by competitive examinations; and I know that the extension of such examinations has been coincident with a great advance in education in this country in almost all branches of learning, and not least in those which are connected with medical science. But nevertheless I feel strongly the evils which are incident to competitive examinations.

By some mysterious quality of our nature the object with which knowledge is acquired affects the knowledge itself: the purpose which is present in the will operates in some way on the intellect; so that on the one hand, information acquired for the purpose of being used on some particular occasion is wont to vanish from the mind so soon as that occasion is passed; and on the other hand, knowledge acquired for its own sake—for the sake of really knowing—is fixed into the mind as it were by a mordant.

So soon as the looked-for examination is over, the mind is apt to suffer a severe collapse, and this occurs not only on particular occasions, but often affects the whole habit of the intellect; and thus many men who have had a conspicuous success in the schools, so soon as they have come to the end of their educational curriculum, feel as if all motive for learning were withdrawn, and live thereafter as men with no curiosity to satisfy, with little or no real thirst for knowledge. They find too late the fact that they have put the desire for success in examinations, which is a temporary and limited motive, into the place of the desire to know, which is a permanent and infinite motive for the mind.

I am aware that examinations are imposed upon you, and I therefore allude to these incidental evils in the hope that you may be on your guard against them, and may cultivate as far as possible that eagerness for truth for its own sake which will go far to counteract them.

You have the great good fortune to live in a period of marked and rapid advance in science, and not least in the biological sciences with which you are chiefly concerned. So great has been this advance, so great the extension of the means of enquiry and research, that you are thereby exposed to the dangers and the embarrassment of an excess of wealth.

There is another difficulty which lies in your way to which I will venture to allude, and in doing which I shall, I believe, have the concurrence of many who are sitting near me, and who are far more competent to deal with the subject than I can be. Of medical literature I will not say anything; but of some scientific writing (I say some, for I know that there are great exceptions) I will dare to say that it appears to me to be justly open to much criticism. In the first place, the productions to which I refer are devoid of style—by which I do not mean that they are wanting in rhetoric, but that they are produced without any serious and deliberate effort at clearness and simplicity. I know that it is often a wearisome task to put order and light into the statement of complicated and subtle facts; but it is a task which the reader has, in my humble opinion, a right to demand from the writer. Instead of an orderly marshalling of facts and arguments, how often do we get presented to us amorphous masses of

facts and amorphous masses of authority, and the reader is left to think the matter out for himself as best he can, and to restate it so as to be intelligible to himself.

Again. we are infected by an error—an old sin from which we sometimes thought that we had got away: I mean the idolatry of great names. How often is our attention occupied, not by the facts of the case, but by some discussion as to what Mr. Darwin thought or said or meant on some particular point? This is, I have said, an old sin. So it was with the followers of Pythagoras when the question was to be decided by the αὐτὸς ἔφη. So it was with the followers of Aristotle. So in later times with the followers of Linnæus. These great men so impressed the minds of their followers that they seemed to them to have reached the utmost bounds—the *ultima Thule* of knowledge; and they followed them by adopting their facts and their conclusions, instead of by adopting their methods and their spirit, and so rendering to them the truest of homage.

Another count in my indictment against some of our modern scientific writing is based on another old error that is still amongst us: I mean the habit of introducing some metaphysical term or some abstract word which expresses only an aggregate of facts as if it were a true cause; and thus we get metaphysical causes assigned for physical effects, or a fact accounted for by reference to some word which is itself only a statement of the very fact in question and a number of other kindred facts.

Again, I venture to think that the logic of a great deal of scientific writing stands in need of correction. So small a part of the propositions with which we have to deal in life and in the sciences of observation are absolutely and apodictically certain, and so large a part of them are probable and no more, that the logic of probabilities appears to me to deserve more attention than it sometimes receives. Suppose that it is probable that A is B; and if so, it is probable that C is D; and if so, it is probable that E is F; the odds may well be against the last of these propositions, because, as is easily seen, the probability of the last of a series of dependent probable propositions is much less than the probability of any one of these propositions; whereas in the case of independent and coinciding probabilities, the probability of the conclusion is greater than that of any one of the grouuds of inference. I sometimes venture to doubt whether these considerations receive due attention.[1]

Again, much of the writing to which I refer seems to me bad for want of mental suspension. Every wise man must often feel that there are matters on which he has not enough information to form a conclusion—matters in respect of which he ought to say to himself: "I do not know." And yet we are not unfrequently invited by scientific writers to accept some conclusion, not because it is proved, but because no better can be offered.

Thus it seems to me that there are difficulties which beset a student of science in the present day, arising partly from the rapid growth of science and partly from the method of its presentation. How are you to grapple with these difficulties? I answer in one word—by method. Cultivate a rigorous analysis of all that you learn, a thorough and careful apprehension of what you study, a habit of being able to get to

1 If there be three propositions, each of which has 6 to 4 in its favour, and of these propositions the second depends on the first in such sort that it does not arise unless the first be true, and the third depends in like manner on the second, the odds will be 98 to 27 against the truth of the last proposition. If, on the other hand, the three probabilities (each of 6 to 4) be independent and all lead to the same conclusion, the odds in favour of that conclusion will be 117 to 8.

the bottom of your subject. Such a habit will make you very slow sometimes in your apparent progress; but your pace will increase, and you will find that the clear light you have gained on some small area of knowledge will spread wider and wider as you go forward. Be careful to know the limits of your knowledge; for, depend upon it, that whilst the best thing is to know, the next best is to know that you do not know. Cultivate an absolute sincerity with yourself in this matter, and never pretend to yourselves, nor to anyone else—not even to a patient—to know what you do not know. I am not saying a word against half-knowledge; rather I would say cultivate it, for it is impossible that you can thoroughly know the whole area open to you: and it is a great thing to know something about subjects which you have not thoroughly studied, a great thing to know so much of the means of knowledge on many subjects as that when the need arises you may be able to pursue the thread. But take care to draw, strong and clear to yourselves, the line between a thorough knowledge and a half-knowledge.

Every profession has a tendency towards a pedantry of its own, towards a preference of technical to popular language. The rule on which one should act in this matter I conceive to be this: that when the technical word has a more precise and exact meaning than the popular one, then it should be used freely and courageously. But when the popular and the technical expressions have an equal fulness and exactitude of meaning, there the popular language should be preferred. There may be reasons for it; but I never quite understand why in some people's mouths a bleeding is always a hemorrhage, a bruise a contusion, a gathering an abscess, and a cut an incised wound. I know that juries are often enough puzzled by language which might be more simple, without, I think, much injury to the precision required.[2]

In the pursuit of medicine and surgery, and in those natural sciences which are ancillary to them, you have an infinite field for study and research. And, believe me, you will find the pursuit of knowledge its own great reward. But with you there is not merely this to draw you on; there is the sense of duty to urge you forward. For you are placed under a strong obligation by the profession which you have undertaken, to pursue knowledge; and by that sense of duty your love of knowledge should be interpenetrated and as it were fused to a white heat.

Gentlemen, the profession which you have chosen is a noble one: it has an ancient and illustrious history, a longer continuous story, I believe, than can be shown by any other branch of applied science; it will give ample scope and verge enough for the cultivation of your intellectual powers—for the faculties of observation, of reason, of thought; it will afford abundant exercise for all the best and highest parts of your moral nature, for kindness and beneficence, for self-denial, for self-sacrifice. It is noble above all things, because its object is to lessen the sufferings of humanity. Such a profession deserves to be followed worthily and nobly; and in the hope that you will so pursue it, I wish to you one and all, alike in your pupilage and in your practice, a hearty God-speed.

2 When I was on circuit some years ago, I think at Chester, a case came before my brother judge in which a witness was absent, and his son, a little boy, was called to prove his father's illness; and so, to let in the deposition he had made, "Well, my boy," said the examining counsel, "has the doctor seen your father?" "Yes," said the boy, "he have been, and says that father has a confusion in his abominable parts that will most likely lead to an absence."

Reviews of Books.

Elementary Physiology for Students. By ALFRED T. SCHOFIELD, M.D. Pp. xii., 372. London: CASSELL & COMPANY, LIMITED. 1892.

This book is a compilation of the leading facts of animal physiology. A great deal of this difficult science has been compressed into a small volume, and has suffered somewhat in the process. The laudable object of imparting a little interesting knowledge is no doubt fulfilled, and pains have been taken to elucidate the subject. But when we read that "plasma contains egg and serum albumen"; that hæmoglobin belongs to the same class as chondrin and gelatin; that the region between the cortex and medulla is "the seat of the functions of animal life or the soul"; and that "cartilage cells deposit bone," we must confess that such a book cannot be recommended to any earnest student. Many other grave errors are to be found, and the chemistry of the tissues and the physiology of the blood are twenty years behind date. There are numerous diagrams from other books, the source of which is not always acknowledged, and a few original ones. As the science of medicine is built up to a great extent on the rudiments of physiology, inaccuracy in a primer of this nature greatly impairs the usefulness of the work.

Public Health Laboratory Work. By HENRY R. KENWOOD, M.B. Pp. xvii., 491. London: H. K. LEWIS. 1893.

In this volume of "Lewis's Practical Series" the author has collected those processes of chemical analysis relating to water, air, and foods, a knowledge of which is required by the candidate for Public Health diplomas.

The contents, we learn from the preface, broadly represent the course of teaching in the Practical Hygiene Course at University College, and it is undoubtedly a matter of convenience to the student to have collected in one volume those necessary points for which he has hitherto been compelled to search through many text-books. The author has been most successful in dealing with those processes of water analysis of more immediate use to the medical officer of health, and, under the guidance of a practical teacher, the manual should prove a useful guide to laboratory work. Some of the less-used estimations, however, hardly seem to be given with sufficient accuracy and detail, and should be revised in a second edition.

It is doubtfully wise to introduce into a report upon a water so many various ways of stating results as "parts per hundred million," "parts per hundred thousand," and "grains per gallon." Experience generally points to the advantage of adopting a uniform method of notation.

Dr. Rubert Boyce contributes a short but concise summary of methods employed in the bacteriological examination of water, air, and food.

A Treatise on Ruptures. By JONATHAN F. C. H. MACREADY. Pp. xviii., 442. London: CHARLES GRIFFIN & COMPANY, LIMITED. 1893.

We have nothing but praise for this work, which gives a good summary of all that is at present known on the subject of Hernia. It is written in a modest manner, and makes no pretence of being an exhaustive work; but the author has brought together a large mass of material which he has well arranged and summarised, so as to give a readable and handy book of reference. The work is arranged in two parts: one treating of ruptures where the functions of the bowels are undisturbed, and the other where those functions are interrupted. It is illustrated by reproductions from photographs from nature, and many of these are of the most beautiful character, giving quite a life-like representation of the parts affected. The bibliographical notices are placed at the end of each chapter, a plan which is very convenient on the whole, although it naturally necessitates some repetition. The statistical tables seem very complete, and are largely drawn from the City of London Truss Society, to which the author is surgeon. His experience here has afforded him very valuable knowledge in the application of trusses, and one of the chief merits of this book is the description of the various kinds of instruments, illustrated by photographs showing them in position as worn.

The chapters on congenital hernia and on the predisposing causes of hernia are well and carefully written, and contain all that has been lately made known on these subjects. We are glad to see that the author rejects as apocryphal the theory that the testis may come down the crural canal and bring with it a hernia. One such supposed case was recently brought before a local society, but would not stand criticism. The operation of herniotomy is well and fully dealt with, and a chapter is devoted to the treatment of lesions of the bowel.

The author's remarks on the proper method to be pursued in cases of gangrene of the bowel are eminently judicious. He cautiously states that "the rule of treatment in London at the present day is to form an artificial anus;" but he gives very fully the arguments for and against resection of the gut, and the description of the latter operation is good and plain, though

brief. Perhaps the least satisfactory part of the book is the chapter on "The Radical Cure of Hernia." After a short description of the various subcutaneous operations formerly in vogue, the author points out that "the first operation under aseptic precautions for reducible rupture in this country is believed to have been performed by Mr. Steele, of Bristol, in May, 1873." Liverpool surgeons are in the habit of calling this "the Liverpool operation," and we are glad that attention has been called to the prior claim of Bristol. A very few lines are devoted to a description of three or four ways of operating for the radical cure by the open method, and a table is added showing the after-condition of patients visiting the Truss Society. Upon the whole the author speaks with doubtful praise of this operation, and seems to us to do it but scant justice. The book is wonderfully free from errors, and has an excellent index.

The Diagnosis of Intra-ocular Growths. By A. HILL GRIFFITH, M.D. Pp. 24. London: H. K. LEWIS. 1892.—This pamphlet contains an account of many eyeballs examined by the author after enucleation, and his comments thereon. Dr. Hill Griffith has paid special attention to the subject, and his publication is worthy of careful perusal. Under glioma, he notices the rare conditions non-vascular glioma and glioma endophytum. He then deals with sarcoma of the choroid, and points out the difficulty of a certain diagnosis in the first stage from retinal detachment, particularly where serous exudation intervenes between the tumour and the overlying retina; and in the second stage, from acute glaucoma. Several cases of cysticercus are also mentioned.

Scab-Healing and its Application in General Surgery. By J. DELPRATT HARRIS. Pp. vi., 28. London: H. K. LEWIS. 1893.—Under the above heading the author describes his method of dressing wounds with sawdust pads, which have proved highly effectual in his hands. He does not seem to distinguish between *aseptic* and *antiseptic* surgery, and his pathology is rather old-fashioned; but the pamphlet is well worthy of perusal, as showing what can be done with simple means

Burdett's Hospital Annual and Year-Book of Philanthropy. London: THE SCIENTIFIC PRESS LIMITED. 1893.—The fourth volume of this excellent work is deserving of all praise, for the immense amount of information it contains, for its arrangement, and for the way in which it is printed. Everyone who is engaged or interested in hospital management should possess this book; and Mr. Burdett is glad to receive information, so as to make it as accurate and complete as possible. There is a most exhaustive list of hospitals, dispensaries, lunatic asylums, con-

valescent homes, nursing institutions, orphanages, &c., in London, in the provinces, in Scotland and Ireland, in the Colonies, and in America. The number of beds, of patients relieved, the expenditure and income, with the conditions of relief and other information, are stated for each of the charities. There are also chapters on such cognate subjects as "Character and Cost of Work Done in our Philanthropic Institutions," "The Income of Voluntary Hospitals," "Hospital Sunday and Saturday," "Nurses and Nursing," &c. Mr. Burdett is a recognised authority; he deals with these matters in a statesmanlike spirit. His book gives an easy opportunity for comparing notes among hospital managers, and for arriving at a general improvement in the administration of medical charity. Local matters are not given quite accurately. The Bristol Royal Infirmary is placed in the list of Provincial Hospitals with Medical Schools, but the Bristol General Hospital in that of Provincial Hospitals without Schools. The Infirmary and Hospital have the same relation to the medical school, which is now the Faculty of Medicine in Bristol University College. Although the volume is dated 1893, some of the statistics have an ancient look, as in most of the cases the figures are for the year 1891.

Year-book of the Scientific and Learned Societies of Great Britain and Ireland. London: CHARLES GRIFFIN & COMPANY LIMITED. 1893.—This useful work answers the purposes for which it was compiled; viz., to give information about the various scientific *and* (there is hidden satire in this "and") learned societies which abound. Their days of meeting, their presidents and secretaries, and in some instances the work done by them during the previous year, can easily be ascertained. It is, no doubt, difficult for the compilers always to obtain the knowledge they require; but we are rather surprised to see only a line and a-half of small print devoted to the Bristol Medico-Chirurgical Society, whereas more than half a page of bold type is given to a club whose records contain papers on "Baby Beef," "The Welsh Pony," and "Cheddar Cheese."

The Indian Medico-Chirurgical Review. Bombay: RAO & Co.—We are glad to welcome this new monthly as an exchange. Judging by the varied contents of the early numbers, we believe that the energy of Dr. Choksy and his coadjutors will succeed in providing the western side of India with a trustworthy and scientific monthly medical magazine.

The Post-Graduate. New York.—This monthly journal is another addition to our exchange list. It consists mostly of papers read in the Clinical Society of the New York Post-Graduate Medical School, with discussions thereon. The material is always interesting, and is frequently well illustrated.

Saint Bartholomew's Hospital Reports. Vol. XXVIII. London: SMITH, ELDER & Co. 1892.—In compiling the report for the year 1892, the editors have followed the lines laid down in the previous volumes of not confining their articles to the experiences of their own hospital, and have admitted papers which we presume are by old Bartholomew's students. In the present volume there are numerous papers of value. While there are none which contain any very original ideas, there are some of great interest. Mr. Howard Marsh relates some cases to show the difficulties in arriving at a correct diagnosis between new growths and inflammatory enlargements of bones. Mr. Harrison Cripps lays down directions for the incisions for abdominal section. Should difficulty be found in reducing a distended gut, he recommends a small incision in the wall of the intestine, kneading out the fluid and gaseous contents, and closing the wound with Lembert's sutures. Dr. Haig discusses the probability of the presence of excess of uric acid acting as the chief cause of Raynaud's disease. A melancholy interest attaches itself to the last paper—an excellent one on "Typhoid Fever," by Dr. Tylden,—as it was found incomplete after the death of that promising physician from that very disease. The volume is up to the usual high standard of the Saint Bartholomew's Reports. It will be found to contain many other papers of importance. It also contains a list of specimens added to the museum during the year and the medical and surgical report.

The Leeward Islands Medical Journal. Vol. II. London: J. & A. CHURCHILL. 1892. — Truly the British Medical Association is an institution possessing a wonderful vitality. This is evidenced by the manner in which its various branches have sprung up all over the kingdom and in some very remote corners of our colonial empire. Here is the second volume of the journal of a young branch, consisting of medical men practising in eight of the Lesser Antilles. Their opportunities of meeting are difficult and precarious. There is not much inter-communication between the smaller islands of the West Indies. There are few coasting steam vessels, and very often small sailing vessels afford the only means by which residents of one island can visit those of another. We are glad to observe the encouragement given to them by the local government, which undertakes the publication of the proceedings. In this volume the papers on "The Bilious Remittent Fever of the Tropics" are especially good. The book is well printed, and altogether reflects much credit on the officers of the branch. We heartily wish the effort every success.

Modern Homeopathy: Its Absurdities and Inconsistencies. By WILLIAM W. BROWNING, M.D. Pp. 32. Philadelphia: WM. J. DORNAN. 1893.—The homeopathic heresy dies hard. This pamphlet has been forwarded to us by Dr. Geo. M. Gould,

of Philadelphia, whose prize of 100 dollars was awarded to the essay, designed for distribution by physicians in order to disseminate more enlightened views upon the subject. The enthusiasts who are disposed to accept what they do not understand would do well to give an attentive perusal to this clear and well-written account of the Hahnemannian system. The reasons why the medical profession reject its pretensions are made abundantly clear. The so-called claims of Homeopathy should not be contemptuously rejected without full investigation, but little of the experimental method will be needful. Dr. Gould's contributions to Medicine are many and various. It is a good service to have been the means of producing such an essay as this. He is well known as the editor of the *Medical News* and the author of a compact and useful medical dictionary, and we hear that he now has almost ready a new illustrated dictionary of medicine, biology, and the collateral sciences, upon which he and many assistants have been engaged for several years.

From Hospital-Ward to Consulting-Room: A Medical Autobiography. By a Graduate of the London University. Pp. 58. London: H. K. LEWIS. 1893.—This is a plain, unpretending story of the pursuit of knowledge under difficulties. It "describes the career of a medical student who, by dint of industry and perseverance, made his way to the highest place in his profession," by which he means the degree of M.D. of the University of London. Whether or not he overrates his Alma Mater may be a question; but we hope that no ill-advised attempts to render this degree more easily obtained will end in impairing its justly earned prestige. The principal interest of this book consists in the narrative of the difficulties which the writer, who was born in a humble position, had to overcome in order to obtain this much-coveted degree. One of the large class who have most of the voting power, who consider themselves as *par excellence* the "working-men" of the country, and who go in for eight hours bills, would probably stand aghast at his record of hard work and self-denial. The young medical man who possesses ability and, above all, industry, and who cannot afford to wait for practice, will find this little book full of encouragement to him in the uphill work which is to be the business of his life. It abounds in shrewd remarks and sensible observations upon the daily life and trials of the general practitioner.

Recreation. By WILLIAM ODELL. Pp. 44. Torquay: A. IREDALE. 1893.—"The compatibility of excellence in mental and physical exercise" would have been, in our opinion, a more fitting title for this address, which was read before the Torquay Natural History Society. It is generally, if not universally, admitted that a certain amount of relaxation from

one's ordinary vocation is not only beneficial, but necessary; and this relaxation, as a rule, takes the form of muscular exercise combined with skill. But when the question is raised whether it is possible to excel in brain work and physical recreation, we have another matter under consideration. Mr. Odell appears to us not to sufficiently recognise the difference between these two questions, and forgets that too much play will make as dull a boy of Jack as too much work. We can all call to mind examples of bishops, judges, and other men eminent in their professions and callings who have in their younger days figured prominently on the cricket-field, the cinder-path, or the river; but there are a larger number of men, we believe, who have failed in the Schools, or, at any rate, not taken a high place, because their athletic pursuits interfered with their studies. There are no records of them: they are forgotten or overlooked. They could not serve two masters, and, perhaps, naturally chose the one who offered the most attractions. The various opinions of the head-masters collected by Mr. Odell are interesting from their diversity. No one would have believed that men placed in almost similar positions, and with like opportunities of observation, could have come to such opposite conclusions. We are, however, inclined to to agree with the Provost of Eton, who says that "as games become more scientific, as they undoubtedly do, the number of men who combine success in school and university with high athletic proficiency will be found to grow smaller and smaller." Mr. Odell expresses no opinions of his own.

Obstetric Aphorisms. By JOSEPH GRIFFITHS SWAYNE, M.D. Tenth Edition. London: J. & A. CHURCHILL. 1893.—For many a year Dr. Swayne's well-known *Aphorisms* have been a comfort and strength to countless obstetric neophytes. The fact that a tenth edition has just been published is ample testimony to the worth of the book, which is kept up to date. The new issue is distinguished by an appendix on aseptic and antiseptic midwifery.

Annual of the Universal Medical Sciences. Edited by CHARLES E. SAJOUS, M.D. Five volumes. Philadelphia: The F. A. DAVIS COMPANY. 1893.—The world is much indebted to the editor and his seventy colleagues for the painstaking care with which this, the sixth issue of the colossal *Annual*, has been duly consummated. A prolonged sojourn in Europe has enabled the editor to widen the scope of the work, and to increase its sphere of usefulness by giving it more of an international character. He not unnaturally extols the American element, and points out that many really valuable articles published in the United States would be unknown on the continent of Europe but for the assistance of this *Annual*. "It were vain to deny their

sufficient worth. Many neglected works are, indeed, far above the average of general medical literature. As regards bibliographical research, none can show more valuable labour: unembarrassed by insular prejudices, assisted by that most valuable publication, the *Index Medicus*, no class of authors seeks more to do justice to all nations than that represented by the American medical profession." We can only congratulate our Western *confrères* on the fact that the value of their work is being now so well recognised wherever the English language is written.

Physicians', Surgeons', and Consultants' Visiting List.—Bristol: JOHN WRIGHT AND CO.—The objects in view in issuing another addition to the already numerous lists of this kind have been: 1, to economise space and provide the greatest amount of accommodation; 2, to economise the practitioner's time by enabling him to write his patients' names once a month only; 3, to include a consultant's record, giving at a glance the date and hour of appointment with the name of the medical man in attendance. We have carefully looked through this time-saving device: it has space for 160 cases per month, with special pages for consultation and many other memoranda. The book is of small bulk, and of convenient shape for the pocket. It deserves popularity.

Temporal Welfare. London: FRANCIS HODGSON.—This, which is described as "A Journal of Church Effort for the physical and social well-being of the people," is a new periodical, published in order to focus all work done by the Church for the temporal welfare of the people. It is based on the same lines as the Church of England Sanitary Association, and promises to assist by extending voluntary effort for the promotion of sanitary reform. In their constant struggle against ill-health, disease, and death, the members of the medical profession are glad of the assistance of such allies.

The English Illustrated Magazine.—This magazine, always in the forefront of good and popular literature, is not likely to depart from this position now that it has passed into the hands of the *Illustrated London News* management. The first two numbers of the new volume possess special interest for the medical reader. In that for October the arguments for and against tobacco smoking by women are well put by Lady Colin Campbell and Mrs. Lynn Linton. Medical opinion will probably come to say that there is nothing in the female organism which should forbid the use of tobacco by women more than by men. It is a question of custom and sentiment. Tobacco in moderation would doubtless be as useful to one sex as to the other. In the November number there is an appreciative notice of Surgeon-Major Parke.

Notes on Preparations for the Sick.

Cachets (Morstadt). Cachet Closing Apparatus.—THOMAS CHRISTY AND CO., London.—This apparatus appears to be as perfect as it is possible to be. Nicely made cachets are a luxury. If one has to take anything nauseous, surely this must be the way to do it. If, however, the nauseous powder adheres to the outside, from breakage and discharge of the contents of one, then the result is by no means satisfactory. These cachets are the most capacious we have seen, the double hat shape being a great advantage in giving more space in the interior. Like all cachets they require to be packed with care, and sliding boxes should be avoided. No druggist can be without some such apparatus, and we believe that this kind works to perfection.

Tabloids: Guaiacum and Sulphur; Sulphonal; Aloin Compound; Dry Thyroid Gland Powder; Effervescing Cubebs and Belladonna; Arsenite of Copper; Pure Tar; Compound Cubeb; Iodic-Hydrarg.; Antipyrin, Sugar-coated; Soda Mint Granules, Sugar-coated.—BURROUGHS, WELLCOME AND CO., London.—These are amongst the recent additions to the list of tabloids prepared by this well-known firm, whose name is a sufficient guarantee as to quality of drugs used and care in their preparation.

As regards the **Thyroid Gland Tabloids,** it is said that no extractive substances answer as well as the complete gland. The process of manufacture is thus described:—The glands are received three hours after the death of the sheep; they are supplied, at special request, attached to a piece of the trachea, from which they are carefully dissected and thinly sliced to discover whether any cysts or other morbid elements exist; they are then carefully dried *in vacuo* at a low temperature, and are pulverised and compressed together with a little common salt into "tabloids." Each "tabloid" represents five grains of the fresh lobe, and may be swallowed entire with a draught of fluid or administered in soup or other food.

The **Compound Cubeb Tabloids** contain two grains of powdered cubebs with chloride of ammonium and liquorice. For throat conditions and bronchial disorders they are likely to be especially useful at this season of the year.

Emulsion of Petroleum, with Hypophosphites. Fluid Glymol. The Glymol Atomiser.—ANGIER CHEMICAL COMPANY, Boston, U.S.A.—The **Emulsion** is an excellent preparation, containing hypophosphites of lime and soda, suspended in a seven-times purified hydrocarbon preservative. There can be no question

as to the local uses of petroleum, and possibly it may serve some useful purpose in the alimentary canal, but we question if it can have any nutritive value and if it could reasonably be expected to take the place of an emulsion of cod liver oil. It appears to have obtained some reputation in the treatment of bronchitis, and has frequently been used when patients with phthisis have been unable to take cod liver oil in any form. It remains yet to be proved whether the petroleum emulsion is anything more than a well-prepared emulsion of hypophosphites; this it certainly is, and as such should have a considerable range of utility in many varieties of defective nutrition, either of nerve, muscle, or lung tissue.

The so-called **Fluid Glymol** is a limpid, colourless oil, which we have used for years as a basis for various hypodermic injections and oleaginous sprays.

The **Glymol Atomiser** is an excellent apparatus for producing these oleaginous sprays.

Condensed Milk.—ANGLO-SWISS CONDENSED MILK CO., London.—This Company's brands are said to be the original and the best, containing the most cream, amounting to from 10.63 to 11.95 per cent. Many other brands have been found to contain only from 1 to 3 per cent. of fatty matter. It is a thoroughly trustworthy milk, of uniform quality and of full nutritive value. Surely every child should thrive on such perfect nutriment as this.

Milk of Magnesia. Palatable Cod Liver Oil Emulsion. Phospho-Muriate of Quinine Comp.—THE CHAS. H. PHILLIPS CHEMICAL CO., New York.—These preparations have been forwarded to us by Messrs. Henry Hodder and Co., who are the agents for Bristol.

The **Milk of Magnesia** is simply a perfect magnesia hydrate: it is therefore a concentrated liquid magnesia, convenient in form, pleasant to take, and is a reliable antacid and aperient, four times the strength of the ordinary fluid magnesias now in use. It remains unchanged for any length of time, unless allowed to freeze. It may be given in doses of one to four teaspoonfuls.

The **Cod Liver Oil Emulsion** contains 50 per cent. of the oil, made into an excellent emulsion with wheat phosphates, mucilage, sugar, glycerine, pancreatine, and water. It must be a concentrated, easily digestible, and nutritious food.

The **Phospho-Muriate of Quinine** contains the wheat phosphates combined with quinine, iron, and strychnine.

Meat Juice.—BRAND AND CO., London.—This is said to be the juice of the finest English meat in its natural state, containing the albumen uncoagulated and ready for immediate

assimilation. We have ascertained that it does contain a large amount of soluble albumen, and that it is as palatable as it must be nutritious. We fail to see why for purposes of this kind so much emphasis is given to the English origin of the meat.

Thyroid Extract. Thyroid Powder. Thyroid Capsules.—FERRIS & Co., Bristol.—These preparations, for the treatment of cases of myxœdema, have been devised with care, and may be relied upon as thoroughly active. This mode of administration is a great improvement on the feeding with uncooked gland or the hypodermic use of an emulsion of the gland. Sixty grains of the powder represent one fresh gland.

Combined Match Box and Throat Lamp. Patent Aseptic Aluminium Syringe.—BURROUGHS, WELLCOME AND Co., London. —The first of these articles is an ingenious little contrivance, designed by Mr. H. W. Denton Cardew, for readily illuminating the throat, nose, ear, or vagina. It is made of a white metal, which readily reflects the light of an ordinary wax match. It is sold at the cheap price of two shillings, and can be readily carried in the waistcoat pocket. We have tried it and found it very effectual, especially for looking at the tonsils and fauces.

The syringe is a distinct improvement on its predecessors, and appears to be well worthy of the highest award for syringes recently given at the Chicago Exhibition. It is available for all solutions requiring subcutaneous administration. It is not affected by any climatic conditions, and is fitted with a perfectly aseptic packing. The glass barrel is graduated on one side in minims indelibly marked in black, and on the other with metric scale—one cubic centimetre divided into millimetres —in red.

The litigation connected with Kutnow's improved Effervescent Carlsbad Powder has terminated in favour of Messrs. Kutnow and Co., who may now, in spite of the opposition of the Municipality of Carlsbad, use the picture of the rock surmounted by a chamois, with the words, "Hirschensprung, or Deer Leap, Carlsbad." Mr. Justice North decided all points in favour of the applicant, as showing that the effect of the trade mark was not likely to deceive the public into the belief that the applicant's powder was the natural as opposed to the artificial product. The *Lancet* points out that "for the future the name 'Carlsbad' when applied to powders is to be dissociated from any special geographical meaning, and is to be understood as indicating only the possession of certain medicinal effects not necessarily connected with the place."

MEETINGS OF SOCIETIES.

Bristol Medico-Chirurgical Society.

Annual Meeting, October 11th, 1893.

Dr. E. MARKHAM SKERRITT, President, in the Chair.

After a vote of thanks to the retiring President (Dr. Markham Skerritt) had been unanimously passed, Mr. J. Greig Smith took the Chair, and read his inaugural address (see page 217), for which a cordial vote of thanks was given him. The Honorary Secretary, Assistant Editor, and Honorary Librarian read their annual reports, which were adopted. The following officers were chosen for the ensuing year:—President-Elect; Dr. A. J. Harrison: Honorary Secretary; Mr. Munro Smith: Honorary Librarian; Mr. L. M. Griffiths: Members of Committee; Dr. Michell Clarke, Mr. J. Dacre, Mr. W. H. Harsant, Dr. Aust Lawrence, Mr. A. W. Prichard, Dr. J. E. Shaw.

Dr. WATSON WILLIAMS exhibited a drawing of a case of epithelioma of the soft palate, and made some remarks on the difficulty of distinguishing malignant growths from syphilitic disease in this position.

November 8th, 1893.

Mr. J. GREIG SMITH, President, in the Chair.

Dr. MICHELL CLARKE showed a child's brain with distension of the ventricles and a granular condition of the ependyma. There was no tubercular deposit.

Dr. AUST LAWRENCE showed a specimen of fibroid degeneration of the placenta.

Mr. GREIG SMITH exhibited a blocked and inflamed Fallopian tube with thickened walls.

Dr. J. E. SHAW reported two cases of pneumo-thorax arising from unusual causes. The first was that of a man who had signs of advanced phthisis with pneumo-thorax and emphysema of the upper part of the chest wall. After death it was found that the first rib was necrosed, and the rough end had torn the lung tissue. The second case, a girl, was admitted to the Bristol Royal Infirmary with diarrhœa, distended abdomen, and signs of pneumo-thorax. After death, the lung was found collapsed, and with septic abscesses in its substance. The lateral sinus on one side was full of grumous, putrid clot, and this was undoubtedly the cause of the pyæmia. There were no symptoms during life which pointed to disease of the ear.

Mr. A. W. PRICHARD and Mr. H. F. MOLE described a case of lupus of the face in a middle-aged woman, which had recurred after removal by scraping and cutting. Lantern-slides of the growth were exhibited, and showed great epithelial proliferation, suggestive in places of malignancy.

Mr. C. A. MORTON showed an epithelial implantation cyst removed from a woman's thigh, caused by the entrance of a thorn years before.

Dr. R. G. P. LANSDOWN showed a biliary calculus which had caused death by lodging in the ileo-cæcal valve. Mr. F. P. LANSDOWN and Mr. R. G. FENDICK also showed similar intestinal calculi.

G. MUNRO SMITH, *Hon. Sec.*

Plymouth Medical Society.

Annual Meeting, November 15th, 1893.

Mr. T. LEAH, President, in the chair.

The following office-bearers were elected for 1893-94:—President; Mr. Connell Whipple: Vice-Presidents; Messrs. E. M. Russell Rendle (Plymouth), Leah (Stonehouse), and Thom (Devonport): Honorary Treasurer; Mr. J. Elliot Square: Honorary Librarian; Mr. C. E. Russell Rendle: Honorary Secretary; Mr. Reginald H. Lucy.

The annual dinner was held at the Duke of Cornwall Hotel, twenty-seven members and two guests being present. The membership of the Society now numbers forty-seven.

REGINALD H. LUCY, *Hon. Sec.*

The Library of the Bristol Medico-Chirurgical Society.

At the Annual Meeting held on October 11th, 1893, Mr. L. M. Griffiths, the Honorary Librarian, read the following Report:—

During the last twelve months considerable changes in connection with our Library have taken place. The proposed junction with the Library of the Medical School—or, to speak more correctly, with the Medical Library of the University College—has been made. The details of the arrangement are contained in the code, a copy of which our Secretary sent to each member with the notice of this meeting.

After a comfortable stay of two and a-half years in the club house of the Literary and Philosophic Club, we were able on the 1st July of this year to avail ourselves of more spacious quarters in the Medical Wing of the University College. The new arrangement promises to work well. It is hoped that you will consider that your interests, which you entrusted to three representatives of the Society, have been sufficiently safeguarded in the event of future emergencies.

In addition to our own books, those of the Medical Library of the University College can now be used by members of this Society. A clerk is in charge of the Library, and, according to agreement, is always present personally or by deputy in the Library, and ready to give information to members concerning the contents of the Library. Arrangements for cataloguing are in progress, and these when completed will offer every facility to readers. It will be some time before the cataloguing is in order, as it is a matter of considerable and tedious labour, and the work of moving and arranging our possessions has taken nearly all the time up to the present.

Since the last Annual Meeting 731 volumes have been added to the Library, which now consists, including 381 duplicates, of 3,295 volumes. Amongst the additions will be found many recently published works. Duplicates, which are placed in the reading room downstairs, may under certain conditions be taken out on loan.

The donors during the twelve months have been: Mr. W. M. Barclay, Mr. T. G. L. Baretti, Dr. J. Beddoe, British Medical Association, Mr. A. Carr, Mrs. J. P. Challacombe, Mr. F. R. Cross, Dr. T. Fisher, Mr. W. H. Harsant, Mr. F. P. Lansdown, Mr. J. K. Morgan, Dr. A. W. C. Peskett, Mr. C. F. Pickering, Dr. W. E. Pountney, Dr. B. M. H. Rogers, the Royal Medical and Chirurgical Society, Sir James Sawyer, Dr. J. E. Shaw, Dr. Shingleton Smith, the Staff of St. Thomas's Hospital, the Surgeon-General United States Army, and Mr. A. J. Turner.

Neither section of the Library grows as rapidly as it ought. Both suffer from a scarcity of donors. When your Library was started in the year 1891 some members readily made donations of money and books. But amongst those who gave and those who did not give, there were many who desired to postpone anything in the way of substantial gifts till a larger library scheme was in operation. These contributions have not yet been received in anything like the measure that was to be expected. Doubtless, members are waiting till the opening of the Session, when the urgent medical life of the neighbourhood renews its vigour.

The Library Committee will, I am sure, be glad to receive gifts of suitable books. These, in a library, are of a very varied character; in fact, it may be said that anything is acceptable. In the present state of their finances the Library Committee feel that for making up sets of back periodicals they ought to rely almost entirely upon gifts. To those who prefer giving money, I may point out that a donation of ten guineas constitutes life-membership.

The following donations have been received since the publication of the list in June:

November 30th, 1893.

J. W. Arrowsmith (1) ... ... 2 volumes.
John Ewens (2) ... ... 1 volume.
T. Fisher, M.D. (3) ... ... 3 volumes.
F. P. Lansdown (4) ... ... 1 volume.
Arthur B. Prowse, M.D. (5) ... ... 1 ,,
R. Shingleton Smith, M.D. (6) ... ... 19 volumes.
F. W. Stoddart (7) ... ... 1 volume.
The Council of University College, Bristol (8) ... 1 ,,
Algernon Warren (9) ... ... 10 volumes.

A Photograph of Rembrandt's "Anatomical Lesson" has been given by Mr. James Fawn. Messrs. George's Sons have presented some Medical and Anatomical Plates.

TENTH LIST OF BOOKS.

The figures in brackets refer to the figures after the names of the donors, and show by whom the volumes were presented. The books to which no such figures are attached have either been bought from the Library Fund or received through the *Journal*.

Anderson, T. M.... *A Treatise on Diseases of the Skin* 1887
Andral, G. ... ... *Précis d'Anatomie pathologique* ... (9) Tomes I., II. 1829
Ashby and G. A. Wright, H. *The Diseases of Children* ... ... 2nd Ed. 1892
Barker, A. E. J.... *Surgical Operations* 1887
Béclard, P.-A. ... *Élémens d'Anatomie générale* ... ... (9) 2nd Ed. 1827
Brodie, C. G. ... *Dissections Illustrated* ... ... Part II. [1893]
Bruce, A. ... ... *Illustrations of the Mid and Hind Brain* 1892
Bryant, T. ... ... *The Diseases of the Breast* 1887
,, ... *Colotomy* 1890
Burckhardt and E. H. Fenwick, E. *Atlas of Electric Cystoscopy* 1893
Casper, J. L. ... *Forensic Medicine.* 3rd Ed. (Tr. by G. W. Balfour) Vol. IV. 1865
Charcot, J. M. ... *Localisation of Cerebral and Spinal Diseases.* (Tr. and Ed. by W. B. Hadden) 1883
,, ... *Diseases of the Nervous System.* (Tr. by T. Savill) Vol. III. 1889
Churchill, J. F.... *The Stæchiological Cure of Consumption.* 3rd Ed. 1893
Clarke, J. J. ... *Cancer, Sarcoma, &c., in relation to Sporozoa* 1893
Clemow, F. ... *The Cholera Epidemic of 1892 in the Russian Empire* ... 1893
Cohnheim, J. ... *Lectures on General Pathology.* 2nd Ed. (Tr. by A. B. McKee.) 3 vols. 1889–90
Cotterell, E. ... *Syphilis* 1893
Craig and W. Maule, J. *Medical Tracts for the Times.* 1st Series... (1) 1886
Creighton, C. ... *A History of Epidemics in Britain* (A.D. 664—1666) ... 1891
Cripps, H. ... ... *Diseases of the Rectum and Anus* ... ... 2nd Ed. 1890
Dalby, Sir W. B. *Diseases and Injuries of the Ear* ... ... 4th Ed. 1893
Davidson, A. ... *Geographical Pathology.* 2 vols. 1892
Dermatology, Selected Monographs on 1893
Donkin, H. B. ... *The Diseases of Childhood (Medical)* 1893
Doran, A. H. G.... *Handbook of Gynæcological Operations* 1887
Duchenne, Dr. ... *Selections from Clinical Works.* (Tr. and Ed. by G. V. Poore) 1883
Duckworth, Sir D. *A Treatise on Gout* 1890
Eccles, A. S. ... *Sciatica* 1893
Ewald, Dr. C. A. *Lectures on the Digestive Organs.* 3rd Ed. (Tr. by R. Saundby.) 2 vols. 1891-92
Fenwick, E. Burckhardt and E. H. *Atlas of Electric Cystoscopy* ... 1893
Ferrier, D.... ... *The Functions of the Brain* ... ... 2nd Ed. 1886
Flügge, C. ... ... *Micro-Organisms.* 2nd Ed. (Tr. by W. W. Cheyne) 1890
Fothergill, J. M. *Practitioner's Handbook of Treatment* ... ... 2nd Ed. 1880

Fox, W. ... ... *Atlas of the Pathological Anatomy of the Lungs.* (Ed. by W. R. Gowers) 1888
,, ... *Diseases of the Lungs and Pleura.* (Ed. by S. Coupland) 1891
Galton, Sir D. ... *Healthy Hospitals* 1893
Garrod, A. E. ... *A Treatise on Rheumatism* 1890
German Clinical Lectures 1876
Gowers, W. R. ... *Diseases of the Nervous System.* 2nd Ed. 2 vols. 1892-93
Graves, R. J. ... *Clinical Medicine.* (Ed. by Dr. Neligan.) Vol. I. 1884
Gynecology, Students' Handbook of 1893
Harrison, R. ... *Surgical Disorders of the Urinary Organs* ... 4th Ed. 1893
Henoch, E.... ... *Lectures on Children's Diseases.* 4th Ed. (Tr. by J. Thomson)... ... ... Vol. I. 1889
Higiene de la Educación 1893
Jacobson, W. H. A. *The Operations of Surgery* ... ... 2nd Ed. 1891
Jenner, Sir W. ... *On Fevers and Diphtheria,* 1849 *to* 1879 1893
Juler, H. E. ... *Ophthalmic Science and Practice* ... ... 2nd Ed. 1893
Koch, R. ... ... *Traumatic Infective Diseases.* (Tr. by W. W. Cheyne) 1880
Laveran, A. ... *Paludism.* (Tr. by J. W. Martin) 1893
Legg, J. W. ... *Examination of the Urine.* 7th Ed. (Ed. by H. L. Jones) 1893
Lehmann, K. B.... *Methods of Practical Hygiene.* (Tr. by W. Crookes.) 2 vols. 1893
Lewis, W. B. ... *A Text-book of Mental Diseases* 1889
Macdonald, G. ... *Diseases of the Nose* ... ... 2nd Ed. 1892
Maddox, E. E. ... *The Clinical Use of Prisms* ... ... (6) 2nd Ed. 1893
Marie and Dr. Souza-Leite, P. *Essays on Acromegaly* 1891
Martin, E.... ... *Essentials of Minor Surgery* ... ... 2nd Ed. 1893
Maule, J. Craig and W. *Medical Tracts for the Times.* 1st Series (1) 1886
Maunder, C. F. ... *Surgery of the Arteries* 1875
Metchnikoff, E.... *Comparative Pathology of Inflammation.* (Tr. by F. A. and E. H. Starling) 1893
Meyer, Dr. É. ... *A Practical Treatise on Diseases of the Eye.* (Tr. by F. Fergus) 1887
Muller, J. ... ... *Principles of Physics and Meteorology* ... ... (9) 1847
Nomenclature of Diseases, The ... ... (9) 2nd Ed. 1885
Parvin, T. ... ... *The Science and Art of Obstetrics* ... ... 2nd Ed. 1891
Peyrissac, Dr. E. *Étude sur les Abcès chroniques enkystés de l'Amygdale* 1893
Playfair, W. S.... *The Science and Practice of Midwifery.* 8th Ed. 2 vols. 1893
Poore, G. V. ... *Rural Hygiene* 1893
Power and L. W. Sedgwick, H. *Lexicon of Medicine and the Allied Sciences.* (New Syd. Soc.) 20 parts 1881-92
Pozzi, S. ... ... *A Treatise on Gynæcology.* 3 vols. 1892-93
Psychological Medicine, Dictionary of. (Ed. by D. H. Tuke.) 2 vols. ... 1892
Quekett, J.... ... *Lectures on Histology* ... ... (9) 1852
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SCRAPS

PICKED UP BY THE ASSISTANT-EDITOR.

Christmas Bills.—The following appears at the foot of a bill-head of a Kansas physician. It is unique, original, and pointed, and we presume effective: "A prompt settlement of this bill is requested. If bills are paid monthly, a discount of ten per cent. is given. Bills not paid promptly will be passed to my attorney for collection. If you pay your physician promptly he will attend you promptly, night or day, rain or shine, while your slow neighbour suffers and waits, as he made the doctor wait, and while he is waiting the angels gather him in."—*Kansas Medical Journal.*

Clinical Records (5).—A writer in a journal narrates the following experience: I was called out one morning at 3 to see a lady who was "very ill." Upon arriving at the house I was shown into a room where a lady was sitting in a composed attitude. I at once asked her where I was to find my patient. She replied with calm deliberation, "I am your patient." "Indeed. What is the matter?" "If you will take a chair," said the lady, "I will tell you. The fact is that I fear I have taken to drinking." "I am very sorry to hear it. When did you make the mistake?" "I am not quite confident as to dates, but as well as I can remember it was in the year 1866—early in 1866." "But do you consider it was necessary to knock me up at 3 a.m. in 1893 to see you because you took to bad habits in 1866?" "I thought that was the wisest course to pursue."

Medical Philology (VIII.)—In the *Catholicon Anglicum* is this definition:

"a **Blossom**; *colloquintida, quinticie.*"

Mr. Herrtage's note is:

Ducange gives "*Colloquintida.* Colocynthis; *coloquinthe,*" and Cotgrave renders "*Coloquinthe*" by "the wilde and flegme-purging Citrull *Coloquintida.*" Cooper has "*Colocynthis.* A kynde of wylde gourdes purgeyng fleume, called *Coloquintida.*" "*Colloquintida: genus herbe amarissime,* i.e. *cucurbita. Quintecie,* Blosmes." Medulla.

The *Catholicon* extract is not given in the *New English Dictionary.* No explanation has yet been given why in the *Catholicon* and the *Medulla* the general term "Blossom" should be applied to one particular plant. "Blossom," in this sense, is one of the words of which Mr. Herrtage was unable to obtain any satisfactory explanation. In searching in the few books to which I have had easy access, I have only succeeded in getting into greater difficulty.

In a glossary, apparently of the eleventh century (MS. Cott., Cleopatra A, III., printed in Wright's *Vocabularies,* 2nd Ed.), "Ligustra" is given (437, 17) as the Latin equivalent of "blostman," which was one of the Early English forms of the plural of blossom. Ligustrum, which is commonly rendered by modern translators as privet, is used by Virgil (E. II. 18), Ovid (M. XIII. 789), and Martial (I. cxvi., 3) to emphasise the idea of excessive whiteness. But "ligustrum," like lotus, seems to have been a term applied to various plants. In vocabularies dated from the 8th to the 11th century, which are given by Wright, it will be found as "hunigsuge" (30.12, 517.35) or "hunisuge" (139.6, 433.2). In the middle of the 13th century it appears as "triffoil" or "hunisuccles" (558.15). In the 15th century it signifies a "primerose" (592.41 and 712.18), and "a cowslope" (713.11) or "a cowyslepe" (786.24). Mr. Cockayne in *Saxon Leechdoms* (III. 332) gives "Hone sokel, *Honey suckle;* any plant from which honey may be sucked. 1. *Melilotus,* MS. Bodl. 536. 2. *Trifolium pratense,* Laud. 553, and still in use. 3. *Lonicera periclymenum.*" To make confusion worse confounded, we find in an eleventh century Vocabulary (Wright, 364.31) "*Colocinthidæ,* hundescwelcan," which latter word is explained by Mr. Cockayne (*op. cit.,* III. 333) as berries of the wayfaring tree, baccæ de viburno opulo," and he cites from the Gl. Harl. 3388, *Jarus*

amarus, which there has the English meaning of "hundes quelke." A fifteenth century Vocabulary (Wright, 588.29) describes *Jarus* as Cokkupyntel or Calvysfote, the old names of the *Arum maculatum*. If any reader will kindly unravel this tangle, I shall be grateful.

That colocynth had for a long period a very great reputation for many virtues in addition to its aperient powers may be seen from the following quotations:

> It cleanses the brain, the nerves, the muscles, the chest and the lung . . . . it prevents the flowing of water down from the eyes, and is a wonderful thing for asthma and chronic cough.—Translation of a passage in Matthioli's Commentary upon Dioscorides, 1563, p. 632.
>
> But Coloquintida is not only good for purgation, it is a remedie for . . . . the falling sicknesse, the stuffing of the lungs.—Gerarde, *Herbal*, 1597 pp. 769-70.
>
> 'Tis hot and dry in the third degree; it purgeth phlegme and other grosse and clammy humours from the deepest and most remote parts of the body, as brain, nerves, muscles, joynts, lungs, breast, and womb especially, for which cause it is used for the inveterate pains of the head and hemicranies, apoplexy, falling-sicknesse, megrim, or swimming of the head, asthma, coughs, difficulty of breathing, cold diseases of the joints, and wind colick, to scour glassy phlegme from the intrals; it hurts the stomach and guts much by sticking to the filmes of them, and is hurtfull for children, old folks, and women with child.—*The Expert Doctor's Dispensatory*, 1657, pp. 349-50.

Shakspere knew, perhaps from persoual experience, the taste of the drug. Iago says (*Othello* I. iii. 354-5), "the food that to him now is as luscious as locusts shall be to him shortly as bitter as coloquintida."

Preventive Medicine.—Our sixteenth and seventeenth century forefathers were alive to the desirability of taking steps to prevent disease. Two instances which I have recently noticed are worth quoting. They illustrate different phases of the importance of prophylaxis.

Here are the counsels which in William Bullein's *Dialogue against the Fever Pestilence*, (1578) Medicus gives his rich patient, Antonius, for avoiding the plague; many of them would still be considered excellent, but some have been improved upon.

> "First of all, let all men, women, and children auoide oute of the euill ayre into a good soyle, and then, accordyng to their age, strength of nature, and complexion, let euery one of them with some good medicine drawe from the bodie superfluous moysture, and diminsh humour, hotte and drie, and vse the regiment of diet to dryng sharped with vineger or tart thynges, and lesser meates; not so much wine as they haue, vsed in custome; neither Potage, Milke, vnripe fruites, hotte Spices, Dates, or Honie, or sweete meates, wine with Suger, are not tollerable; no anger or perturbations of the mynd, specially the passion called feare, for that doth drawe the spirites and blood inwards to the hart, and is a very meane to receiue this plague; neither vse actes venerous, nor bathyng, either with Fume, stoue or warme water, (for this cause)—they all doe open the pores of the body; neither quaffyng or muche drinkyng. Euen so thirste or drinesse is not tollerable, or immoderate exercise or labour, specially after meate. Music is good in this case, and pleasaunt tales, and to haue the meates well sauced with cleane sharpe vineger. Forget not to keepe the chamber and clothyng cleane, no Priuies at hand, a softe fire with perfumes in the mornying. Shifte the lodging often time, and close in the Southeaste windowes, specially in the tyme of mistes, cloudes, and windes; And vse to smell vpon some pleasaunt perfume; And to bee letten bloud a little at once, and to take Pilles, *contra pestem*, that is a good preseruative against the plague."

In 1639 was published *The Charitable Physitian*, which I. W. translated into English from the French of Philbert Guibert, Esquire, Doctor Regent in the faculty of Physick in Paris. It was compiled for the purpose of "shewing the manner to make and prepare in the house with ease and little paines all those remedies which are proper to all sorts of diseases, according to the advice of the best and ordinariest Physitians." It concluded its list of such remedies with this "Charitable and notable advertisment to the publike":

> It is necessary for all sorts of people to keepe by them a syringe or bladder, and pipe to give Clysters, and to make or cause to bee made the said Clysters in their houses; for what disease soever hapneth or ariveth there, is nothing so proper at the first as a Clyster; but if your servant or any other unto you belonging should give a Clyster to any one sicke of the Plague, Poxe, Measells, Purples, Dissentery, small Poxe, Vlcers. Sores, Boyles, or any other pestiferous disease; or should lend it to any that should doe the like, and come and give you a Clyster with the same pipe without washing and cleansing, any of the said diseases would be upon you in lesse then an houre after, and to all your family; therefore see the pipe well warmed, washed and cleansed, before you take the said Clyster, and lend your pipe to none but to those that you know very well.

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